

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030667

1. Entity Name

POMTECH INTERNATIONAL, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90015 022 ***150.00

Principal Place of Business

Mailing Address

6320 PENT PLACE
MAIMI LAKES FL 33014

6320 PENT PLACE
MAIMI LAKES FL 33065-7321

2. Principal Place of Business

11925 ROYAL PALM BLVD.

3. Mailing Address

11925 ROYAL PALM BLVD.

Suite, Apt. #, etc.

APT. # 411

Suite, Apt. #, etc.

APT. # 411

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

U.S.A.

Zip

33065

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0744175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POMALAZA, S M
6320 PENT PLACE
MIAMI LKS FL 33014

7. Name and Address of New Registered Agent

Name

S.M. POMALAZA

Street Address (P.O. Box Number is Not Acceptable)

11925 ROYAL PALM BLVD.

APT. # 411

City

CORAL SPRINGS

FL

Zip Code

33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Sonia M. Pomalaza

SONIA M. POMALAZA
SECRETARY

04/13/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PD
STREET ADDRESS POMALAZA, ROBERTO
CITY-ST-ZIP 6320 PENT PLACE
MAIMI LAKES FL 33014

TITLE ☐ Delete
NAME STD
STREET ADDRESS POMALAZA, SONIA M
CITY-ST-ZIP 6320 PENT PLACE
MAIMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11925 ROYAL PALM BLVD. #411
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11925 ROYAL PALM BLVD. #411
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonia M. Pomalaza

SONIA M. POMALAZA

04/13/2000

(954) 345-7028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)