

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031525

1. Entity Name

RHEMA TECH, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90101 024 ***150.00

Principal Place of Business

4532 BARRACUDA DRIVE
BRADENTON FL 34208-8480

Mailing Address

4532 BARRACUDA DRIVE
BRADENTON FL 34208-8480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0741038

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANNATELLO, VINCENT
4532 BARRACUDA DRIVE
BRADENTON FL 34208-8480

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME RAMALHO, WILLIAM
STREET ADDRESS 85 EDWARD DRIVE
CITY-ST-ZIP FRANKLIN PARK FL 08823

TITLE P ☒ Change ☐ Addition
NAME Ramalho, William
STREET ADDRESS 4603 Barracuda Dr
CITY-ST-ZIP Bradenton, FL 34208

TITLE V ☐ Delete
NAME CANNATELLO, VINCENT
STREET ADDRESS 4532 BARRACUDA DRIVE
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-14-00
Date

x 941-747-4180
Daytime Phone #