FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000034746**1. Corporation Name

TECH 2000 CORPORATION

Principal Place of Business

Mailing Address

2050 W. 56TH ST., SUITE 32-222

2050 W. 56TH St., SUITE 32-222

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90212 006 ***150.00



HALEAH FL 3301	H FL 33016 HIALEAH FL 33016			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				04/17/1997	
n national hi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Pi 21 /53/		26 153 15 N.W (0 Ale	65-0750707	Not Applicable
	- <u> </u>	Suite, Apt. #, etc.	<u> </u>		8.75 Additional
Suite, Apt. i	1 11	├		5. Certifcate of Status Desired	Fee Required
22 001				2 51 11 On 1 1 51	
			A =		\$5.00 May Be Added to Fees
	Country	Zip Zip	Country	Trust Fund Contribution	
Zip □ 225		} 		8. This corporation owes the current year Intangi Personal Property Tax.	
24 33014	25 Daae	1=-1 11	2000	10. Name and Address of New Registered Age	
J. Name and Addition of Control o					
ROVE	DA. JOSE E		130	Jeda Jose E. Jr	
2050 W. 56TH ST., SUITE 32-222			82 Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33016				15 N.W. GO ALR	
TUALE	AN FL 33010		83 Sov	te H	ì
			84 City	8	
		<u>_</u>	Mic	mi Lakes FL	3.3014
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Sech change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
office or registered agent, or both, in the State of Florida, Section 607.0505, Florida Statutes.					
1000 - 00/19/19					
SIGNATURE	Signature typed or printed name of registered agent a	and title if applicable. (NOTE: Regi	stered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	PD Y	☐ DELETE	1.1 TITLE		Change
NAME	BOVEDA, JOSE E JR.		12 NAME	Boveda, Jose E. Sr. Suit	= 4
	2050 W. 56TH ST., SUITE 32-222		1.3 STREET ADDRESS		
	HIALEAH FL 33016		1.4 CITY-ST-ZIP	Mismi Lakes FL 330	14
TITLE	110 (22) 41 1 2 330 10	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	Boreau Irma L.	
			2.3 STREET ADDRESS	15315 H.W. 60 AVE SU	, to H
STREET ADDRESS				Miani Lakes FL 33	410
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Change Addition
TITLE		_	3.2 NAME		
NAME					
STREET ADDRESS		Į	3.3 STREET ADDRESS		
CITY-ST-ZIP		F3 pc; FTF	3.4. CITY-ST-ZIP		Change
TITLE		C) DELETE	4.1 TITLE		Cualife (1) Vocation
NAME		[4. 2 NAME		
STREET ADDRESS		1	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[] DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change
NAME			6.2 NAME		ļ
		1	6.3 STREET ADDRESS		
STREET ADDRESS					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all ether like empowered.

SIGNATURE:

Joseff Bulla Jr