

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052608

1. Entity Name

STEALTH RESEARCH, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90077 042 \*\*\*150.00

Principal Place of Business

7891 W FLAGLER ST #174  
MIAMI FL 33144

Mailing Address

7891 W FLAGLER ST #174  
MIAMI FL 33144-2303

2. Principal Place of Business

535 SW 8 ST.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33130

Country

U.S./D.C.

Zip

Country

4. FEI Number

65-0765435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ-CARVAJAL, RICARDO  
7891 W FLAGLER ST #174  
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name SHAW, William John

Street Address (P.O. Box Number is Not Acceptable)  
9761 SW 159th ST.

City MIAMI

FL

Zip Code 33157

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 *William Shaw*  
Signature, typed or printed name of registered agent and title if applicable

William Shaw president

DATE

04/11/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ-CARVAJAL, RICARDO	
STREET ADDRESS	7891 W FLAGLER ST #174	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, William John	
STREET ADDRESS	9761 SW 159th ST	
CITY-ST-ZIP	Miami Fla 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William Shaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Shaw 04/11/00

Date

305-285-1960

Daytime Phone #

C-12EX14 (9/98)