

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052929

1. Entity Name

TECH DRIVE, CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90049 037 ***150.00

Principal Place of Business

900 S. FEDERAL HWY
SUITE B
HOLLYWOOD FL 33020

Mailing Address

900 S. FEDERAL HWY
SUITE B
HOLLYWOOD FL 33020-5065

2. Principal Place of Business

1749 E HALLANDALE BEACH BLV

Suite, Apt. #, etc.

332

3. Mailing Address

1749 E HALLANDALE BEACH BLV

Suite, Apt. #, etc.

332



DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE - FL

City & State

HALLANDALE - FL

4. FEI Number

65-0761165

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

RUIBAL, LUIS A
680 S.E. 13TH STREET
DANIA FL 33004

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	PD	<input type="checkbox"/> Delete
NAME	RUIBAL, LUIS A	
STREET ADDRESS	680 S.E. 13TH ST #203	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Ruibal

04/27/2000

Date

(954) 821-6660

Daytime Phone #

CR2E034 (9/99)