

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000058482**

1. Entity Name

UNITED TECHNOLOGY GROUP, INC.**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90081 039 ***158.75

Principal Place of Business

Mailing Address

**773 NW 103 TERRACE
PEMBROKE PINES FL 33026****773 NW 103 TERRACE
PEMBROKE PINES FL 33026-5977**

2. Principal Place of Business

3. Mailing Address

15281 SW 49 ST**15281 SW 49 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FLCity & State
FT. LAUDERDALE, FL

4. FEI Number

65-0773283

Applied For

Not Applicable

Zip
33331Country
USAZip
33331Country
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

**ALDULAIMI, RACHAEL L
773 NW 103 TERRACE
PEMBROKE PINES FL 33026**

Name

ALDULAIMI, RACHAEL L

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

15281 SW 49 ST

City

FT. LAUDERDALE**FL**

Zip Code

33331

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PRUETT, GREGORY L
12097 SW 14 ST
PEMBROKE PINES FL 33025** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PRUETT, GREGORY L
1560 NW 96 AV
PEMBROKE PINES, FL 33024** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ALDULAIMI, RACHAEL L
773 NW 103 TERRACE
PEMBROKE PINES FL 33026** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ALDULAIMI, RACHAEL L
15281 SW 49 ST
FT. LAUDERDALE, FL 33331** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CABRERA, SCARLETT
660 THORN RIDGE AVE
PEMBROKE PINES FL 33026** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CABRERA, SCARLETT R
660 THORN RIDGE AVE
DAVIE, FL 33325** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

GREGORY L. PRUETT, PRESIDENT 4/25/2000 (954) 492-1431

CR2E034 (9/99)