

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079454

1. Entity Name

BYTE TECHNOLOGIES, INC.

Principal Place of Business

620 WILMOT ST.  
WEST PALM BEACH FL 33405

Mailing Address

620 WILMOT ST.  
WEST PALM BEACH FL 33405-3542

2. Principal Place of Business

1201 Belvedere Rd.

Suite, Apt. #, etc.

3. Mailing Address

1201 Belvedere Rd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0782489

Applied For

Not Applicable

Zip

33405

Country

US

Zip

33405

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEINHOFF, ADAM  
620 WILMOT ST.  
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Adam

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)

Adam Steinhoff

Director

1/30/00

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

TITLE **DPST** ☐ Delete  
NAME **STEINHOFF, ADAM**  
STREET ADDRESS **620 WILMOT ST.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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 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

Director

1/30/00

Date

561-635-7169

Daytime Phone #

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90031 018 \*\*\*150.00

C0016983



DO NOT WRITE IN THIS SPACE