

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90068 036 \*\*\*158.75

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AV

DOCUMENT # P97000088962

1. Entity Name

G.V. TECH, INC.

Principal Place of Business

288 N.W. 84TH WAY  
 CORAL SPRINGS FL 33071  
 US

Mailing Address

288 NW 84TH WAY  
 CORAL SPRINGS FL 33071  
 US

2. Principal Place of Business

1500 W. Copans Road

Suite, Apt. #, etc.

3. Mailing Address

1500 W. Copans Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City &amp; State

Pompano Beach FL

Zip  
 33069

Country

USA

City &amp; State

Pompano Beach FL

Zip

33069

Country

USA

4. FEI Number

65-0789142

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PROCHILLO, VINNIE

288 N.W. 84TH WAY

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

1500 W. Copans Road

City

Pompano

FL

Zip Code

33069

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, 2002 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 P ☐ Delete

NAME PROCHILLO, VINNIE  
 STREET ADDRESS 288 N.W. 84TH WAY  
 CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE V ☐ Delete

NAME SMITH, NICHOLAS  
 STREET ADDRESS 8467 N.W. 47TH STREET  
 CITY-ST-ZIP CORAL SPRINGS FL 33067

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 10814 NW 56th Ct.  
 CITY-ST-ZIP Coral Springs FL 33076

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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 #

CR2E034 (9/01)