

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099303

1. Entity Name
SUNTECH HOLDINGS, INC.



FILED

03 DEC 26 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1115 SE 12TH TERR
DEERFIELD BEACH FL 33441

Mailing Address
1115 SE 12TH TERR
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATE HERE ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0796185

Applied For
Not Applicable

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

MOYLE, BERNARD T
NATIONSBANK TOWER
ONE FINANCIAL PLAZA SUITE 1600
FT LAUDERDALE FL 33394

Name MARK S. MUCCI
Street Address (P.O. Box Number is Not Acceptable)
NATIONSBANK TOWER
ONE FINANCIAL PLAZA, Suite 1600
City FT LAUDERDALE FL Zip Code 33394

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/22/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME LOPEZ, JEAN M
STREET ADDRESS 1115 SE 12TH TERR
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

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

TITLE D
NAME DEGREEF, DIONE M
STREET ADDRESS 1115 SE 12TH TERR
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900023417599
09/30/03--01022--006 **758.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-03 (954/931-2913)

Date Daytime Phone #

CR2E034 (4/03)

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