

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004909

1. Entity Name

MICRO-TEC HOMES, INC.

Principal Place of Business

380 NW 67TH ST
APT 105
BOCA RATON FL 33487

Mailing Address

380 NW 67TH ST
APT 105
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0806477

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

BARATTA, P A
380 NW 67TH ST
APT 105
BOCA RATON FL 33487

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

P. A. Baratta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/01

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, 2001 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 P
NAME LOCIGNO, MICHAEL
STREET ADDRESS 12400 SUMMER SPRINGS DR
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE PS
NAME JAMES HALL
STREET ADDRESS 1001 NFEU HWY
CITY-ST-ZIP TUALORA FL ☐ Change ☐ Addition

TITLE VS
NAME BARATTA, P A
STREET ADDRESS 380 NW 67TH ST
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE U-P
NAME MICHAEL LOCIGNO
STREET ADDRESS 12400 SUMMER SPRINGS DR
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE U-P
NAME P. A. BARATTA
STREET ADDRESS 380 NW 67TH ST
CITY-ST-ZIP BOCA RATON, FL 33487 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

P. A. Baratta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

562 416-5736

Daytime Phone #

CR2E034 (10/00)

0330312

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90066 029 ***150.00

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DO NOT WRITE IN THIS SPACE