

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90069 014 ***150.00

30140486

☐ CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000007295

1. Entity Name
HIGH TECH INT'L TRADING CORP.



Principal Place of Business
**17125 SW 81 AVE
MIAMI FL 33157**

Mailing Address
**17125 SW 81 AVE
MIAMI FL 33157**

2. Principal Place of Business
21339 SW 87 ct
Suite, Apt. #, etc.

3. Mailing Address
21339 SW 87 ct
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0806599

Applied For
☐ Not Applicable

Zip
33189

Country
Dade

Zip
33189

Country
DADE

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

**LAMOTHE, FERNAND
721 SE 17TH STREET
FORT LAUDERDALE FL 33316**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LESPINASSE, MARIE ANNE L
12 RUE LE PINE PUBLICS PLAZA
PORT AU PRINCE, HAITI** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Spencer A. Thompson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 3052340689
Date Daytime Phone #

CR2034 (10/02)

Attachment #

90140486

~~XXXXXXXXXXXX~~
998000007295

concern

To whom it may

I just realized That I send you

The Check for High Tech Int'l Trading
—without the information on the
company.

I apologize and hope that it will
be fixed

Thank you

Janie Ac Superior

5/18/03

I return to you the copy of the form and
the check. I hope everything will be fine

6/25/03