

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020364

1. Entity Name

ALL TECHNOLOGY DEVICES CORP.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90112 011 ***150.00

Principal Place of Business

~~8025 NW 36 STREET~~
~~320~~
~~MIAMI FL 33166~~

Mailing Address

~~8025 NW 36 STREET~~
~~320~~
~~MIAMI FL 33166-6625~~

2. Principal Place of Business

8045 NW 36th St.

Suite, Apt. #, etc.

Ste. 515

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Address

8045 NW 36th St

Suite, Apt. #, etc.

Ste. 515

City & State

Miami, FL

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0826350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMES, WAGNER
8025 NW 36 STREET
320
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Gomes Wagner

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

8045 NW 36th St.

Ste 515

City

Miami

FL

Zip Code

33166

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

(P)(Reg. Agent) x
(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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
GOMES, WAGNER
8025 NW 36 ST #320
MIAMI FL 33166

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
Gomes Wagner
8045 NW 36th St. #515
Miami, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Gomes Wagner (P) x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)