

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044044

Entity Name

VICTEC ENVIRONMENTAL SERVICES, INC.

FILED

00 MAY 30 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

NW 35TH AVE
FL 33142

Mailing Address

1401 UNIVERSITY DRIVE SUITE 301
CORAL SPRINGS FL 33071-6088

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0858035

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUME, JOHN
1401 UNIVERSITY DRIVE SUITE 301
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ☐ Delete
HUME, JOHN ESQ
1401 UNIVERSITY DRIVE SUITE 301
CORAL SPRINGS FL 33071TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPP ☒ Change ☐ Addition
Luis Thula
4701 NW 35th Avenue
Miami, FL 33142P ☒ Delete
GARCIA-TOLEDO, RAFAEL
4701 NW 35TH AVE
MIAMI FL 33142TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP200003291212-01
-06/15/00--01062--018
*****61.25 *****61.25☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPLS ☐ Change ☐ Addition

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

May 23, 2000

954-755-9880

CR2E034 (9/99)