

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90020 004 ***150.00

DOCUMENT # P98000046242

1. Entity Name

TEK4WEB, INC.

Principal Place of Business

~~S.W. 104TH STREET~~
~~201~~
~~MIAMI FL 33186~~

Mailing Address

~~14629 S.W. 104TH STREET~~
~~SUITE 201~~
~~MIAMI FL 33186-2905~~

2. Principal Place of Business

PMB 201
~~Suite, Apt. #, etc.~~
14629 SW 104th ST
~~City & State~~
MIAMI FL

3. Mailing Address

PMB 201
~~Suite, Apt. #, etc.~~
14629 SW 104th ST.
~~City & State~~
MIAMI FL



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0835437**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE OLIVEIRA, MARIA
14629 S.W. 104TH STREET
SUITE 201
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **DE OLIVEIRA, MARIA**
 Street Address (P.O. Box Number is Not Acceptable)
PMB 201
14629 SW 104th STREET
 City **MIAMI** FL **33186-2905**

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] **MARIA DE OLIVEIRA, DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-2000

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	D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, MARIA	
STREET ADDRESS	14629 S.W. 104TH STREET, SUITE 201	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATIAS, JOAO PEREIRA	
STREET ADDRESS	14629 S.W. 104TH STREET, SUITE 201	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOS SANTOS PONTE JUL, MIGUEL JOSE	
STREET ADDRESS	14629 S.W. 104TH STREET, SUITE 201	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA, MARIA	
STREET ADDRESS	PMB 201 - 14629 SW 104th STREET	
CITY-ST-ZIP	MIAMI FL 33186-2905	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATIAS, JOAO PEREIRA	
STREET ADDRESS	PMB 201 - 14629 SW 104th STREET	
CITY-ST-ZIP	MIAMI FL 33186-2905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **MARIA DE OLIVEIRA, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-2000

305-3823636
305-4087115

CR2E034 (9/99)