

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90271 012 ***150.00

DOCUMENT # P98000046242

1. Entity Name

TEK4WEB, INC.

Principal Place of Business

~~PMB 201
14629 SW 104TH ST
MIAMI FL 33186~~

Mailing Address

~~PMB 201
14629 SW 104TH ST
MIAMI FL 33186~~

2. Principal Place of Business

14629 SW 104 ST

3. Mailing Address

14629 SW 104 ST

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

MIAMI FL

City & State

MIAMI FL

Zip

Country

33186-2905 USA

Zip

Country

33186-2905 USA



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

7. Name and Address of New Registered Agent

DE OLIVEIRA, MARIA

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

Name

DE OLIVEIRA, MARIA

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

14629 SW 104th ST #201

City

FL

Zip Code

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

3-15-2001

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

(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, 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	D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, MARIA	
STREET ADDRESS	PMB 201-14629 SW 104TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATIAS, JOAO PEREIRA	
STREET ADDRESS	PMB 201-14629 SW 104TH STREET	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA, MARIA	
STREET ADDRESS	14629 SW 104th ST #201	
CITY-ST-ZIP	MIAMI FL 33186-2905	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATIAS, JOAO PEREIRA	
STREET ADDRESS	14629 SW 104th ST #201	
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA DE OLIVEIRA, DIRECTOR

Date

Daytime Phone #

305-3894822

305-4087115

CR2E034 (10/00)