

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050203

1. Entity Name

ALTECK INTERNATIONAL DISTRIBUTORS, CORP.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90272 007 ***150.00

Principal Place of Business

Mailing Address

8181 N W 36TH STREET
SUITE #1007
MIAMI FL 33122
US

8181 N W 36TH STREET
SUITE #1007
MIAMI FL 33166-6647
US

2. Principal Place of Business

8181 NW 36th St.

3. Mailing Address

8181 NW 36th St.

Suite, Apt. #, etc.

6-B

Suite, Apt. #, etc.

6B

City & State

MIAMI, FL

City & State

MIAMI - FL

Zip

33166

Country

MIAMI - DADC

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0840524

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

RABINOVICH, ALVARO
1200 OCEAN DRIVE, #204
MIAMI BEACH FL 33139

Name

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

1200
1200 Ocean Drive Apt # 309

City

MIAMI

FL

Zip Code

33139.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME RABINOVICH, ALVARO
STREET ADDRESS 1200 OCEAN DRIVE, #204
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS 1200 Ocean Drive Apt # 309
CITY-ST-ZIP MIAMI - Beach - FL - 33139.

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4-28-00

CR2E034 (9/99)