2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P98000053578 **DOCUMENT #**

1. Entity Name

Principal Place of Business

MICRO-TECH MANUFACTURING, INC.



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90309 027 ***150.00

411 LESLIE D HALLANDALE				411 LESLIE DRIVE HALLANDALE FL 33009								
2. Principal Place of Business			3. Mai	3. Mailing Address						II (SIII BII)I		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City	City & State			4. FEI Number 65-0843		353		pplied For lot Applicable	<u></u>
Zip Country			Zip	Zip Count			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Curr	Agent			7. N	7. Name and Address of New Registered Agent					
						Name						٦
LUSKÍ, MOSHE 411 LESLIE DR						Street Add	dress (P.O. Bo	ox Number is Not Acceptable)				-
HALLANDALE FL 33009					,	City F				L Zip Code		
SIGNATURE .	ILE NOW!!! r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.	00	olicable. (NOTE: R	Registered	Agent signature	nequired when rei	nstating) 9. Election Campaign Fina Trust Fund Contribution			00 May Be	
	Repart to	Florida Departmen			11.							
10.							AD	DITIONS/CHANGES TO OFFIC				ے ⊢
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUSKI, MO 411 LESLIE HALLANDA			Defete		T ADORESS St-zip				Change	Addition	F034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5000 S		•	T ADDRESS ST-ZIP				Change	☐ Addition	B	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete		T ADDRESS ST-ZIP	4.5		•=	Change	Addition	
TIT! C				[T] Datas	TITLE					Change	Addition.	1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

☐ Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

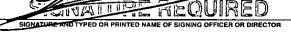
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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☐ Change

Addition

Addition