

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058651

1. Entity Name

LIGHTING TECH. CO., INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90106 014 ***150.00

Principal Place of Business

Mailing Address

8500 SW 8TH STREET
SUITE 240
MIAMI FL 33175

8500 SW 8TH STREET
SUITE 240
MIAMI FL 33144-4002

2. Principal Place of Business

12950 SW 89 Avenue

Suite, Apt. #, etc.

3. Mailing Address

12950 SW 89 Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

Dade

City & State

MIAMI, FL

Zip

33176

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0847103

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZA, ALFREDO
8500 SW 8TH STREET
SUITE 240
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

maza, Alfredo

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

12950 SW 89 Avenue

City

MIAMI

FL

Zip Code

33176

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

4-24-00

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

TITLE

PD

NAME

ALFREDO, MAFA

STREET ADDRESS

13949 2 W 52 TERRACE

CITY-ST-ZIP

MIAMI FL 33175

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

PD

NAME

Alfredo maza

STREET ADDRESS

12950 SW 89 Avenue

CITY-ST-ZIP

MIAMI FL 33176

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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: *x Alfredo Maza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 305-227-3060

CR2E034 (9/99)