

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90032 047 ***150.00

DOCUMENT # P98000071167

1. Entity Name
HI-TECH 2001, INC.

Principal Place of Business
11860 SW 92 LANE
MIAMI FL 33186

Mailing Address
11860 SW 92 LANE
MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13270 SW 131 Street

3. Mailing Address
13270 SW 131 Street

Suite, Apt. #, etc.
Suite # 135

Suite, Apt. #, etc.
Suite # 135

City & State
Miami - FLA.

City & State
Miami - FLA

4. FEI Number **65-0856928**

Applied For
 Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RIERA, WILLIAM
11860 SW 92 LANE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **Riera, William**

Street Address (P.O. Box Number is Not Acceptable)
12745 SW 150 Ln.

City **Miami**

FL

Zip Code
33186

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

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, 2002 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** ☐ Delete
 NAME **RIERA, WILLIAM D**
 STREET ADDRESS **11860 SW 92 LANE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **12745 SW 150 Ln.**
 CITY-ST-ZIP **Miami, FL 33186**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: **WILLIAM D RIERA** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20-02

Date

(305) 412-8282

Daytime Phone #

CR20024 (9/01)