

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000071528****1. Entity Name**  
**ALETEK CORP.****Principal Place of Business**

13214 SW 69 TERR

MIAMI  
33183

FL

US

**Mailing Address**

13214 SW 69 TERR

MIAMI  
33183

US

FL

**2. Principal Place of Business**

8385 NW 68 STREET

**3. Mailing Address**

8385 NW 68 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

MIAMI

FL

**City & State**

MIAMI

FL

**4. FEI Number****65-0861854**

Applied For

Not Applicable

Zip  
33166Country  
USZip  
33166Country  
US**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**SOLANO LOUIS A  
13214 S.W. 69 TERR.MIAMI  
33183

FL

US

**7. Name and Address of New Registered Agent****Name**

SOLANO ROSA E

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

13211 SW 71 STREET

City  
MIAMI

FL

Zip Code  
33183**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 ROSA E. SOLANO**

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

(NOTE: Registered Agent signature required when reinstating)

**04/30/2000**

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, 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	SVP	<input type="checkbox"/> Delete
NAME	SOLANO ROSA E	
STREET ADDRESS	13214 S.W. 69TH TERR.	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLANO LOUIS A	
STREET ADDRESS	13214 S.W. 69TH TERR.	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANO ROSA E	
STREET ADDRESS	13211 S.W. 71 STREET	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLANO LOUIS A	
STREET ADDRESS	13214 S.W. 69TH TERR.	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ROSA E. SOLANO****PD 04/30/2000**