

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90002 045 ***550.00

DOCUMENT # P98000084476

1. Entity Name

MODELTEK INC.

Principal Place of Business

8890 SW 24 ST
 SUITE 217
 MIAMI FL 33165

Mailing Address

8890 SW 24 ST
 SUITE 217
 MIAMI FL 33165

2. Principal Place of Business

8890 SW 24 ST

3. Mailing Address

8890 SW 24 ST.

Suite, Apt. #, etc.

Suite 218

Suite, Apt. #, etc.

Suite 218

City & State

Miami, FL

City & State

MIAMI, FL

Zip

33165

Country

Miami Dade

Zip

33165

Country

Miami Dade

4. FEI Number

65-0871669

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

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
 NAME **BELLA, JOSE L**
 STREET ADDRESS **1950 W 56 ST., APT. 2407**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **P** ☒ Change ☐ Addition
 NAME **ABELLA, JOSE L.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **ALFONSO, LAZARO**
 STREET ADDRESS **968 W. 80 PL**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **P** ☒ Change ☐ Addition
 NAME **Alfonso, Lazaro**
 STREET ADDRESS **5805 W. 15th**
 CITY-ST-ZIP **Hialeah, FL 33012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00 305-796-3788

Date

Daytime Phone #

CR2E034 (5/00)