## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P98000099846 1. Entity Name. BAEZ TECH, INC. 02-07-2001 90200 023 \*\*\*150.00 Principal Place of Business Mailing Address 411 W. 28 ST 13040 SW 51ST STREET HIALEAH FL 33010 MIRAMAR FL 33027 DUULUINU 2. Principal Place of Business 3. Mailing Address <u>7500 NW 77</u> Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0879241 ledle Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 15A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENFIELD, ALAN E ESQ Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ROAD SUITE 911 CORAL GABLES FL 33134 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** President TITLE ☐ Delete TITLE ☐ Change Addition Addition Daniel Venereo NAME BAEZ, DAVID NAME 17641 NW 88 Avenue STREET ADDRESS 13040 SW 51ST STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP Hialeah, FL TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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