

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100828

1. Entity Name

TECHTON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 036 ***150.00

Principal Place of Business

Mailing Address

782 N.W. LEJEUNE ROAD #350
MIAMI FL 33126

782 N.W. LEJEUNE ROAD #350
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

1825 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33134

USA

4. FEI Number

APPLIED FOR

65-092 5053

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

HILLMAN-WALKER, LOUIS M
782 NW LEJEUNE RD
ST E350
MIAMI FL 33126

Name

Louis M. Hillman-Walker

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

782 N.W. LeJeune Rd.

#350

City

MIAMI

FL

Zip Code

33126

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 location applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	MORA, LEONARDO	782 N.W. LEJEUNE ROAD #350	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Pres./Director	LEONARDO MORA	782 N.W. LeJeune Rd #350	MIAMI, FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	MAURILIO DIDONER	782 N.W. LeJeune Rd. #350	MIAMI FL 33126	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 (305) 365-6460
Date Daytime Phone #

CR2E034 (9/99)