

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100828

1. Entity Name

TECHTON, INC.

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90004 005 ***550.00

Principal Place of Business

782 N.W. LEJEUNE ROAD #350
MIAMI FL 33128

Mailing Address

1825 PONCE DE LEON BLVD
#135
CORAL GABLES FL 33134

D0057896

2. Principal Place of Business

5805 BLUE LAGOON DR.

3. Mailing Address

Suite, Apt. #, etc.
Suite 460
City & State
MIAMI FL

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33126

Country
USA

Zip

Country

4. FEI Number 65-0925053

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
STE 350
MIAMI FL 33128

Name
LOUIS M. HILLMAN - WALLER
Street Address (P.O. Box Number is Not Acceptable)
10 N.W. LEJEUNE RD.
Suite 600
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 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, 2001 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	<input type="checkbox"/> Delete
NAME	MORA, LEONARDO	
STREET ADDRESS	782 N.W. LEJEUNE ROAD #350	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORA, LEONARDO	
STREET ADDRESS	782 NW LEJEUNE RD #305	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ORDONEZ, MAURICIO	
STREET ADDRESS	782 NW LEJEUNE RD #350	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
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	PID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARDO MORA	
STREET ADDRESS	5805 BLUE LAGOON DR. #460	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Ponce	
STREET ADDRESS	5805 BLUE LAGOON DR.	
CITY-ST-ZIP	Suite 460 MIAMI FL 33126	
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.