

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90097 012 ***150.00

DOCUMENT # P98000102657

1. Entity Name
MHARTECH SERVICE, INC.



Principal Place of Business
**15166 S.W. 94 TERR
MIAMI FL 33196**

Mailing Address
**15166 S.W. 94 TERR
MIAMI FL 33196**

2. Principal Place of Business
15166 SW 94 TERR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

Zip
33196

Country
U.S.A.

Zip

Country

4. FEI Number **65-0901103**

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

**SANCHEZ, MARIA H
15166 SW 94 TERR.
MIAMI FL 33196**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/04/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **RAMIREZ, CARLOS**
STREET ADDRESS **15166 SW 94 TERR**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **SD** ☐ Delete
NAME **SANCHEZ, MARVIN**
STREET ADDRESS **112130 SW 125TH CT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SD** ☒ Change ☐ Addition
NAME **SANCHEZ MARVIN**
STREET ADDRESS **15166 SW 94 TERR.**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **TD** ☐ Delete
NAME **SANCHEZ JR, MARVIN J**
STREET ADDRESS **11213 SW 125TH CT**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **TD** ☒ Change ☐ Addition
NAME **SANCHEZ JR. MARVIN J**
STREET ADDRESS **15166 S.W 94 TERR**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **PD** ☐ Delete
NAME **SANCHEZ, MARIA H**
STREET ADDRESS **15166 SW 94 TERR**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

03/04/03

Date

305-752-6939

Daytime Phone #

CR2E034 (10/02)