

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000291

1. Entity Name

MULTITECH IMPORT AND EXPORT, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90004 043 ***150.00

Principal Place of Business

Mailing Address

7953 N.W. 21ST STREET
MIAMI FL 33122

7953 N.W. 21ST STREET
MIAMI FL 33122-1616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10441 NW 28 ST

Suite, Apt. #, etc.

UNIT A 105

City & State

MIAMI FLA

Zip

33172

Country

USA

3. Mailing Address

10441 NW 28 ST

Suite, Apt. #, etc.

UNIT A 105

City & State

MIAMI FL

Zip

33172

Country

USA

4. FEI Number

65-0902531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, PEDRO

7953 N.W. 21ST STREET
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

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

10441 NW 28 ST

UNIT A 105

City

MIAMI

FL

Zip Code

33172

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, 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

TITLE PD
NAME BAUMAN, PEDRO
STREET ADDRESS 7953 N.W. 21ST STREET
CITY-ST-ZIP MIAMI FL 33122

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 10441 NW 28 ST UNIT A 105
CITY-ST-ZIP MIAMI FL 33162

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4/7/00

CR2E034 (9/99)