

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90353 021 ***150.00

DOCUMENT # P99000002129

1. Entity Name

F & W TECH., INC.

Principal Place of Business

**17925 SOUTHWEST 29TH COURT
 MIRAMAR FL 33029**

Mailing Address

**17925 SOUTHWEST 29TH COURT
 MIRAMAR FL 33029**

2. Principal Place of Business

5155 NW 74 PLACE

3. Mailing Address

5155 NW 74 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOPUT CREEK, FL

City & State

COCOPUT CREEK, FL

Zip

33073

Country

U.S.A.

Zip

33073

Country

4. FEI Number

65-0887074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

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, 2002 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 ☐ Delete
 NAME **PTD WRAY, JOSE F**
 STREET ADDRESS **17925 SOUTHWEST 29TH COURT**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
 NAME **SVD WRAY, NADIME**
 STREET ADDRESS **17925 SOUTHWEST 29TH COURT**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **PTD WRAY, JOSE F.**
 STREET ADDRESS **5155 NW 74 PLACE**
 CITY-ST-ZIP **COCOPUT CREEK, FL 33073**

TITLE ☐ Change ☐ Addition
 NAME **SVD WRAY, NADIME**
 STREET ADDRESS **5155 NW 74 PLACE**
 CITY-ST-ZIP **COCOPUT CREEK, FL 33073**

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

TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/02 (954) 360 7254

CR2E034 (9/01)