

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90195 035 ***150.00

0129065

DOCUMENT # P99000004846

1. Entity Name

U.T. & S INTERNATIONAL, INC.

Principal Place of Business

**1301 W. COPANS RD.
 BUILDING D. STE. 1
 POMPANO BEACH FL 33064**

Mailing Address

**1301 W. COPANS RD.
 BUILDING D. STE. 1
 POMPANO BEACH FL 33064**

037810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

781 Crandon Blvd. #702

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Key Biscayne FL

City & State

4. FEI Number

65-0890065

Applied For

Not Applicable

Zip

33149

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LIVIGNE, GARY F
 4360 NORTHLAKE BLVD.,STE.205
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **Mateus, Hernando**

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

781 Crandon Blvd. #702

City

Key Biscayne

FL

Zip Code **33149**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/9/01
 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 **DP** ☒ Delete
 NAME **RAETHZEL, BERNARD**
 STREET ADDRESS **4360 NORTHLAKE BLVD.,STE.205**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **VPD** ☒ Delete
 NAME **RAETHZEL, MARGARITA**
 STREET ADDRESS **4360 NORTHLAKE BLVD.,STE.205**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **DP** ☐ Change ☒ Addition
 NAME **Mateus, Hernando**
 STREET ADDRESS **781 Crandon Blvd. #702**
 CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **DVP** ☐ Change ☒ Addition
 NAME **Mateus, de Beatriz**
 STREET ADDRESS **781 Crandon Blvd. #702**
 CITY-ST-ZIP **Key Biscayne, FL 33149**

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

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

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

Daytime Phone #

CR2E034 (10/00)