

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023165

1. Entity Name
SYTEC-USA, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90005 032 ***558.75

Principal Place of Business

3101 S.W. 23RD STREET
MIAMI FL 33145

Mailing Address

3101 S.W. 23RD STREET
MIAMI FL 33145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 347325

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip
33234

Country

USA

4. FEI Number

65-0907028

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, ARMANDO
3101 S.W. 23RD STREET
MIAMI FL 33145

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, ARMANDO
STREET ADDRESS 3101 S.W. 23RD STREET
CITY-ST-ZIP MIAMI FL 33145

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)