

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90654 020 ***150.00

DOCUMENT # P99000023165

1. Entity Name

SYTEC-USA, INC.

Principal Place of Business

**2867 SW 69 CT.
MIAMI FL 33155
US**

Mailing Address

**2867 SW 69 CT.
MIAMI FL 33155
US**

2. Principal Place of Business

2867-A SW 69 CT

3. Mailing Address

**Same as Place of
Business**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-0907028

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$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 **Garcia, Armando**

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

2867-A SW 69 CT

City

Miami

FL

Zip Code

33155

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

Armando Garcia, President

4/11/02

(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	PD	☐ Delete
NAME	GARCIA, ARMANDO	
STREET ADDRESS	3101 S.W. 23RD STREET	
CITY-ST-ZIP	MIAMI FL 33145	
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	PD	☒ Change ☐ Addition
NAME	Garcia, Armando	
STREET ADDRESS	2867-A SW. 69 CT.	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	V.P.	☐ Change ☒ Addition
NAME	Lisa Enriquez	
STREET ADDRESS	2867-A SW. 69 CT	
CITY-ST-ZIP	Miami, FL 33155	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/02

Daytime Phone #

305 269-7800

CR2E034 (9/01)