

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90192 026 \*\*\*150.00

0213205 AV

DOCUMENT # P99000025915

1. Entity Name  
**RATIO TECNI CORP.**

## Principal Place of Business

600 BILTMORE WAY  
 #1210  
 CORAL GABLES FL 33134

## Mailing Address

600 BILTMORE WAY  
 #1210  
 CORAL GABLES FL 33134



## 2. Principal Place of Business

10995 NW 45<sup>TH</sup> TERR  
 Suite, Apt. #, etc.

## 3. Mailing Address

10995 NW 45<sup>TH</sup> TERR  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

MIAMI FL

## City &amp; State

MIAMI FL

## 4. FEI Number

65-0910732

## Applied For

Not Applicable

## Zip

33178

## Country

DADE

## Zip

33178

## Country

DADE

## 5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

~~NIEBLAS, MARLENA S~~  
~~600 BILTMORE WAY~~  
~~#1210~~  
~~CORAL GABLES FL 33134~~

## 7. Name and Address of New Registered Agent

## Name

ARIEL A SEOANE

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

10995 NW 45<sup>TH</sup> TERR

## City

MIAMI

FL

## Zip Code

33178

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	PD	<input type="checkbox"/> Delete
NAME	SEOANE, ARIEL A	
STREET ADDRESS	600 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEOANE, MARLENA	
STREET ADDRESS	600 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	IGLESIAS, CONCEPCION	
STREET ADDRESS	600 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RARIO, S.A.	
STREET ADDRESS	CALLE CHAMA QUINTA AUTISTELA COLINAS DE BE	
CITY-ST-ZIP	CARCAS VENEZUELA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10995 NW 45 <sup>TH</sup> TERR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)