

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90136 038 ***150.00

DOCUMENT # P99000036606

1. Entity Name
COMMTECH INC.

100414



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O CARLOS OCHOA **C/O CARLOS OCHOA**
4318 MAHOGANY RIDGE DR. **4318 MAHOGANY RIDGE DR.**
WESTON FL 33331 **WESTON FL 33331-3829**

2. Principal Place of Business 3. Mailing Address
5209 NW 7th Ave **1051 S. University Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A

City & State City & State
Miami FL **Plantation FL**
 Zip Country Zip Country
33106 USA **33324 USA**

4. FEI Number **105-0938292** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OCHOA, CARLOS
4318 MAHOGANY RIDGE DR.
WESTON FL 33331

7. Name and Address of New Registered Agent
 Name **Carlos Ochoa**
 Street Address (P.O. Box Number is Not Acceptable)
1051 S. University Dr. #A
 City **Plantation** FL Zip Code **33324**

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]* DATE **04/25/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		<input type="checkbox"/> Delete
TITLE	D	
NAME	OCHOA, CARLOS	
STREET ADDRESS	4318 MAHOGANY RIDGE DR.	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME	1051 S. University Dr. #A		
STREET ADDRESS	Plantation, FL 33324		
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]* DATE: **04/25/2000** (954) 423-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone