

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039649

1. Entity Name

DIGITECH ENGINEERING, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90025 010 ***158.75

Principal Place of Business

Mailing Address

8030 NW 47 CT.
LAUDERHILL FL 33351

8030 NW 47 CT.
LAUDERHILL FL 33351-5628

00000000

2. Principal Place of Business

3. Mailing Address

7965 SW 100 St

7965 SW 100 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33156

USA

33156

USA

4. FEI Number

Applied For

65-0915376

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, SCOTT L
8030 NW 47 CT.
LAUDERHILL FL 33351

Name

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

7965 SW 100 St

City

Miami

FL

Zip Code

33156

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)

X

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HENRY, SCOTT L	
STREET ADDRESS	8030 NW 47 CT.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENRY, KATHLEEN	
STREET ADDRESS	8030 NW 47 CT.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7965 SW 100 St	
CITY-ST-ZIP	Miami FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7965 SW 100 St	
CITY-ST-ZIP	Miami, FL. 33156	
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 files empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott L. Henry

Date

Daytime Phone #

(305)
2-2800 270-6907

CR2E034 (9/99)