

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90049 018 ***150.00

DOCUMENT # P99000045523

1. Entity Name
HITECH ELECTRONIC INDUSTRIES INC.

Principal Place of Business

Mailing Address

**7220 N.W. 36TH STREET
 SUITE 227
 MIAMI FL 33166**

**7220 N.W. 36TH STREET
 SUITE 227
 MIAMI FL 33166**

00008603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7220 NW. 36th Street

7220 NW 36th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 435

Suite 435

City & State

City & State

Miami - FL

Miami - FL

4. FEI Number **65-0920230**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

Zip
33166

Country
U.S.A

Zip
33166

Country
U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICARDES, ALEJANDRO
 6841 BROOKLIN DRIVE
 MIAMI FL 33015**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **PD** ☐ Delete
 NAME **RICARDES, ALEJANDRO**
 STREET ADDRESS **6841 BROOKLIN DRIVE**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **RODILLA, ROBERTO**
 STREET ADDRESS **7220 N.W. 36TH STREET SUITE 227**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Daytime Phone #

01/15/01

(305) 599-2720

CR2E034 (10/00)