

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *99000047465*
Entity Name *DIGITECH INTERNATIONAL INC*

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90003 025 ***150.00

Principal Place of Business Mailing Address
10544 NW 26 Street E-202
MIAMI- FLA 33172

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number *65-0938712* Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOUIS F. CAIR
8405 NW 53 Street
SUITE C100
MIAMI-FL 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 of Registered Agent *L. F. Cair* Date *4/25/00* (305) 593-5711
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
FEE NOW IN FEE IS \$150.00
After Jan 1, 2000 Fee will be \$500.00
Make Check payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	<i>PVPST</i> <i>JOSEPH PANETTA</i> <i>10544 NW 26 Street E-202</i> <i>MIAMI- FLORIDA 33172</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOSEPH PANETTA* Date *4/25/00* (305) 718 P2229
Signature typed or printed name of signing officer or director President Date Telephone #