

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

04-27-2001 90217 008 ***150.00

DOCUMENT # P99000047529

1. Entity Name
ADVITEK INC.

Principal Place of Business
11221 N KENDALL DR #C212
MIAMI FL 33176

Mailing Address
11221 N KENDALL DR #C212
MIAMI FL 33176

2. Principal Place of Business
20815 NE 16 AVE
 Suite, Apt. #, etc.
B3

3. Mailing Address
11297 N Kendall Dr
 Suite, Apt. #, etc.
M217

City & State
North Miami Beach
 Zip
33179 Country
USA

City & State
MIAMI FL
 Zip
33176 Country
USA

4. FEI Number **65-1019092** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

GUREVICH, MICHAEL
11297 N KENDALL DR #217
MIAMI FL 33176

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			
	GUREVICH, MICHAEL	11221 N KENDALL DR #C212	MIAMI FL 33176	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4-21-d

305 275-8019

Date

Daytime Phone #

CR2034 (5/01)