

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
03-25-2002 90055 018 \*\*\*150.00

**DOCUMENT # P99000052782**

1. Entity Name  
**IG-TECH., INC.**

Principal Place of Business

6215 W 20 AVENUE  
SUITE 303  
HIALEAH FL 33012

Mailing Address

6215 W 20 AVENUE  
SUITE 303  
HIALEAH FL 33012

2. Principal Place of Business

16531 SW 104 Ave

Suite, Apt. #, etc.

3. Mailing Address

16531 SW 104 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip 33157

Country

City & State

Miami, FL

Zip 33157

Country

4. FEI Number 65-0926237

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

CAGIGAS, LEYDI M  
6215 W 20 AVENUE  
SUITE 303  
HIALEAH FL 33012

## 7. Name and Address of New Registered Agent

Name Salvatore Gugliuzza  
Street Address (P.O. Box Number is Not Acceptable) 16531 SW 104 Ave  
City Miami FL Zip Code 33157

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 Salvatore A. Gugliuzza 3/11/02  
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, 2002 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

TITLE D  
NAME CAGIGAS, LEYDI M  
STREET ADDRESS 6215 W 20 AVENUE SUITE 303  
CITY-ST-ZIP HIALEAH FL 33012 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P  
NAME Leydi M. Gonzalez  
STREET ADDRESS 16531 SW 104 Ave  
CITY-ST-ZIP Miami, FL 33157 ☐ Change ☒ Addition

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

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

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

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

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)(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: Leydi M. Gonzalez 3/11/02 305-609-5245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)