

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000063601**1. Entity Name
B-TEC, ITALIA, INC.**Principal Place of Business**

7998 TEXAS TRAIL

BOCA RATON

33487

FL

Mailing Address

7998 TEXAS TRAIL

BOCA RATON

33487

FL

2. Principal Place of Business

8641 BOCA GLADES BLVD. WEST

3. Mailing Address

8641 BOCA GLADES BLVD. WEST

Suite, Apt. #, etc.

F

Suite, Apt. #, etc.

F

City & State

BOCA RATON

FL

City & State

BOCA RATON

FL

Zip

33434

Country

Zip

33434

Country

4. FEI Number**65-0936444**

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 AgentADAMS ALVIN A
7998 TEXAS TRAIL

BOCA RATON

33487

FL

7. Name and Address of New Registered Agent

Name

ADAMS ALVIN A

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

8641 BOCA GLADES BLVD. WEST

City

BOCA RATON

FL

Zip Code
33434

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 **ALVIN A. ADAMS****05/01/2001**

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**

TITLE	F	<input type="checkbox"/> Delete
NAME	MIKULA JOHN	
STREET ADDRESS	108 ARCHWOOD AVENUE	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTISANO CARLO	
STREET ADDRESS	8 UELAND ROAD	
CITY-ST-ZIP	RED BANK NJ 07701	
TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS ALVIN A	
STREET ADDRESS	7998 TEXAS TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33487	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS ALVIN A	
STREET ADDRESS	8641 F BOCA GLADES BLVD. WEST	
CITY-ST-ZIP	BOCA RATON FL 33434	
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		
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 like empowered.

SIGNATURE: ALVIN A. ADAMS

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)