

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065323

1. Entity Name  
HITECH LINK, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90140 038 \*\*\*150.00

Principal Place of Business  
4131 NORTHWEST 13TH STREET  
SUITE 223  
GAINESVILLE FL 32609

Mailing Address  
4131 NORTHWEST 13TH STREET  
SUITE 223  
GAINESVILLE FL 32609

2. Principal Place of Business  
4020 NW 60th Ave  
Suite, Apt. #, etc.

3. Mailing Address  
4020 NW 60th Ave  
Suite, Apt. #, etc.

City & State  
Gainesville

City & State  
Gainesville, FL 32653

4. FEI Number 59-3588578

Applied For  
Not Applicable

Zip FL 32653 Country Alachua

Zip 32653 Country Alachua

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name Won Choi  
Street Address (P.O. Box Number is Not Acceptable)  
4020 NW 60th Ave  
City Gainesville FL Zip Code 32653

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 *Won Choi*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/17/01  
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 PSTD  
NAME CHOI, WON ☐ Delete  
STREET ADDRESS 4131 NORTHWEST 13TH STREET SUITE 223  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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: *Won Choi*, WON CHOI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01  
Date

352 278 0099  
Daytime Phone #

CR2E034 (10/00)