

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P99000065323**

1. Entity Name  
**HITECH LINK, INC.**

Principal Place of Business <b>4131 NORTHWEST 13TH STREET          SUITE 223          GAINESVILLE FL 32609</b>	Mailing Address <b>4131 NORTHWEST 13TH STREET          SUITE 223          GAINESVILLE FL 32609</b>
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2. Principal Place of Business <b>4020 NW 60th Ave</b>	3. Mailing Address <b>4020 NW 60th Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Gainesville</b>	City & State <b>Gainesville, Fl 32653</b>
Zip <b>FL 32653</b>	Country <b>Alachua</b>
Zip <b>32653</b>	Country <b>Alachua</b>

4. FEI Number **59-3588578** 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**

**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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CHOI, WON 4131 NORTHWEST 13TH STREET SUITE 223 GAINESVILLE FL 32609</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Won Choi*, **WON CHOI** **4/17/01** **352 278 0099**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)