

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90286 020 ***150.00

DOCUMENT # P99000066858

1. Entity Name
 Caltech Limited, Inc.

Principal Place of Business Mailing Address
 705 SE 2nd Ct.
 Fort Lauderdale
 FL 33301

2. Principal Place of Business 3. Mailing Address
 3042 N. Federal Hwy 3042 N. Federal Hwy
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 200 200

City & State City & State
 Fort Lauderdale FL Fort Lauderdale FL
 Zip Zip
 33306 33306
 Country Country
 USA USA

4. FEI Number Applied For
 65-0936586 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Sprugel & Utrera
 343 Almeria Ave.
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent
 Name Franklin M. Puto
 Street Address (P.O. Box Number is Not Acceptable)
 3042 N. Federal Hwy #200
 City Fort Lauderdale FL Zip Code 33306

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 Frank Puto, President 4-24-00
 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, 2000 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	PSTD	<input checked="" type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Puto Franklin M.		NAME	Puto, Franklin M	
STREET ADDRESS	705 SE 2nd Court		STREET ADDRESS	3042 N. Federal Hwy #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33301		CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Touitou, Oliver S.		NAME	Touitou, Oliver S.	
STREET ADDRESS	3042 N. Federal Hwy #200		STREET ADDRESS	3042 N. Federal Hwy #200	
CITY-ST-ZIP	Fort Lauderdale, FL 33306		CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Frank Puto, President 4-24-00 954-630-9746
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)