

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90123 046 ***150.00

DOCUMENT # P99000066858

1. Entity Name
CALECH LIMITED, INC.

Principal Place of Business

**3042 N FEDERAL HWY
#200
FORT LAUDERDALE FL 33306
US**

Mailing Address

**3042 N FEDERAL HWY
#200
FORT LAUDERDALE FL 33306
US**

2. Principal Place of Business

701 SE 2nd Count
Suite, Apt. #, etc.

3. Mailing Address

701 SE 2nd Count
Suite, Apt. #, etc.

City & State

Font laudendek, FL
Zip **33301** Country **USA**

City & State

Font laudendek, FL
Zip **33301** Country **USA**

4. FEI Number **65-0936586**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PTITO, FRANKLIN M
3042 N FEDERAL HWY
#200
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name **Ptito, Franklin M**
Street Address (P.O. Box Number is Not Acceptable)
701 SE 2nd Count
City **Ft. laud, FL** Zip Code **33301**

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  **Franklin Ptito** DATE **4-23-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	PTITO, FRANKLIN M	
STREET ADDRESS	3042 N FEDERAL HWY #200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOUITOU, OLIVER S	
STREET ADDRESS	3042 N FEDERAL HWY #200	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ptito, Franklin	
STREET ADDRESS	701 SE 2nd Count	
CITY-ST-ZIP	Ft. laud, FL 33301	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Touitou, Oliver S.	
STREET ADDRESS	701 SE 2nd Count	
CITY-ST-ZIP	Font laudendek, FL 33301	
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 thereof 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:  **Franklin Ptito** DATE **April 23, 2001** DAYTIME PHONE # **954-523-1299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)