

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000074435**

1. Entity Name

OCCIDENTAL TECHNICAL GROUP, INC.

Principal Place of Business

8045 SW 107TH AVENUE
BLDG 3 APT. #308
MIAMI FL 33173

Mailing Address

2655 LEJEUNE ROAD, SUITE 807
CORAL GABLES FL 33134

2. Principal Place of Business

7234 N.W. 72nd Avenue

Suite, Apt. #, etc.

2nd Floor

City & State

Miami, Florida

Zip

33155

Country

Miami-Dade

3. Mailing Address

2655 LeJeune Road

Suite, Apt. #, etc.

Suite 804

City & State

Coral Gables, Florida

Zip

33134

Country

Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0944932**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KATES, LESTER G ESQ
2655 LEJEUNE ROAD, SUITE 807
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
LESTER G. KATES

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

804 Gables International Plaza**2655 LeJeune Road**City
Coral Gables

FL

Zip Code
33134

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

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

NOTE: Registered Agent signature required when releasing.

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	D	☒ Delete
NAME	DE LA ROSA PAZ, HIRALDO	
STREET ADDRESS	8045 SW 107 AVE., BUILDING 3 APT 308	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	☒ Delete
NAME	GOMEZ, JORGE E	
STREET ADDRESS	8045 SW 107 AVE, BLDG 3, APT. 308	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DPST	☒ Delete
NAME	DE LA ROSA PAZ, HIRALDO	
STREET ADDRESS	8045 SW 107 AVE, BLDG 3, APT 308	
CITY-ST-ZIP	MIAMI FL 33173	
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	DPST	☒ Change ☐ Addition
NAME	DE LA ROSA PAZ, HIRALDO	
STREET ADDRESS	7234 N.W. 72nd Avenue, 2nd Floor	
CITY-ST-ZIP	Miami, Florida 33155	
TITLE	VP	☒ Change ☐ Addition
NAME	GOMEZ, JORGE E.	
STREET ADDRESS	7234 N.W. 72nd Avenue, 2nd Floor	
CITY-ST-ZIP	Miami, Florida 33155	
TITLE		☐ 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
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)(g), 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 the 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

305 388 8884

CP25034 (1/00)