

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078757

1. Entity Name
TECH 2000, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90010 027 ***550.00

A0078924



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1210 NORTHEAST 176TH STREET NORTH MIAMI BEACH FL 33162		Mailing Address 1210 NORTHEAST 176TH STREET NORTH MIAMI BEACH FL 33162	
2. Principal Place of Business 1210 NE 176 th STREET		3. Mailing Address 1210 NE 176 th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH, FL	
Zip 33162	Country USA	Zip 33162	Country USA

4. FEI Number 65-0945223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HO, HONGBEN 1210 NORTHEAST 176TH STREET NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOA, JOHNNY 1210 NORTHEAST 176TH STREET NORTH MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOA, JOHNNY 1210 NORTHEAST 176TH STREET NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JO, WUT K 1210 NORTHEAST 176TH STREET NORTH MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HO, WUT KUEN 1210 NORTHEAST 176TH STREET NORTH MIAMI BCH, FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: SIGNATURE OF REGISTERED AGENT JOA 9/12/2000 305-525-3970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #