

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080622

1. Entity Name

COMTECH ADMINISTRATION, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90013 046 ***158.75

Principal Place of Business

3325 NORTHWEST 79TH AVE.
MARGATE FL 33063

Mailing Address

3325 NORTHWEST 79TH AVE.
MARGATE FL 33063-5455

2. Principal Place of Business

6001 palm trace
Suite, Apt. #, etc.
Landings dr Apt 106
City & State
Davie FL

3. Mailing Address

6001 palm trace
Suite, Apt. #, etc.
Landings dr Apt 106
City & State
Davie FL



DO NOT WRITE IN THIS SPACE

Zip

Country

33314

USA

Zip

Country

33314

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERO, JEFFREY
3325 NORTHWEST 79TH AVE.
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: Rivero, Jeffrey
Street Address (P.O. Box Number is Not Acceptable):
6001 palm trace
Landings dr Apt 106
City: Davie FL Zip Code: 33314

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

3/30/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERO, JEFFREY	
STREET ADDRESS	3325 NORTHWEST 79TH AVE.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERO, SARA M	
STREET ADDRESS	3325 NORTHWEST 79TH AVE.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERO, JOSE L	
STREET ADDRESS	3325 NORTHWEST 79TH AVE.	
CITY-ST-ZIP	MARGATE FL 33063	
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	<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	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/00 954-647-5135

CFR2E034 (9/99)