

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081359

1. Entity Name
INTERNATIONAL TECH, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90478 049 ***158.75

Principal Place of Business

~~401 OCEAN DRIVE, SUITE 403~~
~~MIAMI BEACH FL 33139~~

2913 NW
82ND AVE
MIAMI, FL 33122

Mailing Address

~~401 OCEAN DRIVE, SUITE 403~~
~~MIAMI BEACH FL 33139~~

2913 NW
82ND AVE
MIAMI, FL 33122

2. Principal Place of Business

2913 NW

3. Mailing Address

2913 NW

Suite, Apt. #, etc.

82ND AVE

Suite, Apt. #, etc.

82ND AVE

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number 65-0962445

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUAN, WILLIAM M
401 OCEAN DRIVE STE 403
MIAMI BEACH FL 33139

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.
(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 PD
NAME JUAN, WILLIAM M
STREET ADDRESS 401 OCEAN DRIVE, SUITE 403
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 #

March, 14 2001. 305 436 8004

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CR2E034 (10/00)