

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90075-025-\$558.75-\$558.75

DOCUMENT # P99000083654

1. Entity Name

SEQTECH CORPORATION

Principal Place of Business

2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952441

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES FL 33134

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 \$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. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HERRERA, JORGE DAVID  
STREET ADDRESS 2121 PONCE DE LEON BLVD. SUITE 240  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPTD ☐ Delete  
NAME TORRES, JAIME  
STREET ADDRESS 2121 PONCE DE LEON BLVD. SUITE 240  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME CHICAIZAS, LUIS BERNARDO  
STREET ADDRESS 2121 PONCE DE LEON BLVD. SUITE 240  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition  
NAME Luis B. Chicaiza  
STREET ADDRESS 16420 South Pst. Rd 101  
CITY-ST-ZIP Weston, FL 33331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME CFO  
STREET ADDRESS MYRIAM Z. Mendive/20  
CITY-ST-ZIP 16420 South Pst Rd. 101  
Weston, FL 33331

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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)(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 title empowered.

SIGNATURE:

SIGNATURE  
LUIS B. CHICAIZA

Date

Daytime Phone #

08/30/00

CR2E034 (5/00)