

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083654

1. Entity Name

SEQTECH CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90119 016 ***158.75

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

7370 NW 45T

Suite, Apt. #, etc.

Suite, Apt. #, etc.

208

City & State

Plantation, FL

Zip

Country

33317

USA

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

26/02/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE SD
NAME CHICAIZAS, LUIS B
STREET ADDRESS 16420 SOUTH POST RD 101
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE SD
NAME Chicaiza, Luis
STREET ADDRESS 7370 NW 45T Apt 208
CITY-ST-ZIP Plantation, FL 33317 ☒ Change ☐ Addition

TITLE CFO
NAME MENDIVELZO, MYRIAM Z
STREET ADDRESS 16420 SOUTH POST RD 101
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE CFO
NAME Mendivelzo, Myriam
STREET ADDRESS 7370 NW 45T Apt 208
CITY-ST-ZIP Plantation, FL 33317 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/02/01

Date

954 585 6031

Daytime Phone #

CR2E034 (10/00)