

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90177 001 \*\*\*150.00  
 05-17-2001 90177 002 \*\*\*\*\*8.75

DOCUMENT # **P99 000087387**  
 1. Entity Name  
**Ameritec Commercial Trading, Inc.**

Principal Place of Business Mailing Address  
**8772 NW 72nd St. 8772 NW 72nd St.**  
**Miami FL 33166 Miami, FL 33166.**

2. Principal Place of Business 3. Mailing Address  
**8772 NW 72 St. SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami FL**

Zip Country Zip Country  
**33166 USA**

4. FEI Number Applied For  
**67-0951328** 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

Name **Luis Aristefuerk**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code **33166**

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 **President** DATE **4/12/01**

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

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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: **President** DATE **4/12/01** (305) 301 0101  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)