

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90069 044 ***158.75

DOCUMENT # P99000087387

1. Entity Name

AMERITEC COMMERCIAL TRADING, INC.



Principal Place of Business

8572 NW 72 ST
MIAMI FL 33166

Mailing Address

8572 NW 72 ST
MIAMI FL 33166

2. Principal Place of Business

3785 NW 82 Ave

3. Mailing Address

3785 NW 82 Ave

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

City & State

Miami, FL 33166

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0951328

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ROBERT

8572 N.W. 72 ST.

MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE PVST
NAME GONZALEZ, ROBERT
STREET ADDRESS 8572 NW 72 ST
CITY-ST-ZIP MIAMI FL 33166

☐ Delete

TITLE D
NAME GONZALEZ, ROBERT
STREET ADDRESS 8572 NW 72 ST
CITY-ST-ZIP MIAMI FL 33166

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

3785 NW 82 Ave #208
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

COPIES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)