

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90077 046 \*\*\*150.00

**DOCUMENT # P99000094411**

1. Entity Name

**SHADOWTECH NETWORKING INC.**

*R*

Principal Place of Business

1350 NE 125TH ST., SUITE 101  
 N. MIAMI FL 33161

Mailing Address

1350 NE 125TH ST., SUITE 101  
 N. MIAMI FL 33161-5913

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

*65-0957822*

Applied For  
 Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RESPETO, JONATHAN**  
**2102 ALTON RD.**  
**MIAMI BCH FL 33140**

7. Name and Address of New Registered Agent

Name

*JONATHAN RESPETO*

Street Address (P.O. Box Number is Not Acceptable)

*1770 S.W. R. CAUSEWAY #308*

City

*N. Bay Village*

FL

Zip Code

*33181*

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, 2000 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 *President*  
 NAME *Jonathan Respeto*  
 STREET ADDRESS *1350 N.E. 125th #101*  
 CITY-ST-ZIP *N. Miami, Fla. 33161*

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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

*Jonathan Respeto* *06/27/2000*

Date

Daytime Phone #

*305-793-1817*

*Jonathan Respeto*

CR2E034 (9/99)