## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## Mar 29, 2000 8:00 am DOCUMENT # **P99000104595** Secretary of State DETECH COMMUNICATIONS, INC. 03-29-2000 90033 018 \*\*\*150.00 Principal Place of Business Mailing Address 16383 S.W. 97TH ST 16383 S.W. 97TH ST MIAMI FL 33196 MIAMI FL 33196 しいいまするシレ \_ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BRIZ, GONZALO** Street Address (P.O. Box Number is Not Acceptable) 16383 S.W. 97TH ST MIAMI FL 33196 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE BOTRAN, FELIPE F NAME STREET ADDRESS STREET ADDRESS 16 AVE. "A" 26-46 ZONA 12 CITY-ST-ZIP CITY-ST-7IP GUATEMALA CITY, GUATEMALA ☐ Change Addition ☐ Delete TITLE TITLE **BRIZ. GONZALO** NAME NAME STREET ADDRESS STREET ADDRESS 16383 S.W. 97TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 is changed, or on an attachment with an address, with all other like empowered.

F AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR