

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106632

1. Entity Name

VIRTEC ENGINEERING CORP.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90210 047 ***150.00

Principal Place of Business

Mailing Address

8243 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

8243 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

2. Principal Place of Business

8217 W. ATLANTIC BLVD.

3. Mailing Address

8217 W. ATLANTIC BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FLORIDA

City & State

CORAL SPRINGS, FLORIDA

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0969266

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

RODRIGUEZ, CHARLES
8243 W. ATLANTIC BLVD.
CORAL SPRINGS FL 33071

Name RODRIGUEZ, CHARLES

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

8217 W. ATLANTIC BLVD.

City CORAL SPRINGS, FL

Zip Code 33071

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME RODRIGUEZ, CHARLES
STREET ADDRESS 8243 W. ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE PVST
NAME RODRIGUEZ, CHARLES ☒ Change
STREET ADDRESS 8217 W. ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ 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

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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

Date

Daytime Phone #

CR2E034 (9/99)