

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90017 025 ***150.00

DOCUMENT # S65647

1. Entity Name

NEW TECH CIRCUIT BREAKER, INC.

Principal Place of Business

**700 S.W. 36TH AVENUE
 MIAMI FL 33135**

Mailing Address

**700 S.W. 36TH AVENUE
 MIAMI FL 33135-4124**

2. Principal Place of Business

3663 S.W. 8TH STREET

3. Mailing Address

3663 S.W. 8TH STREET

Suite, Apt. #, etc.

THIRD FLOOR

Suite, Apt. #, etc.

THIRD FLOOR

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-8035690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TORRES DE NAVARRA, CARLOS
 700 S.W. 36TH AVENUE
 MIAMI FL 33135**

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

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 **PD**
 NAME **VALLS, FLEIPE A**
 STREET ADDRESS **3663 S.W. 8TH STREET THIRD FLOOR**
 CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **S**
 NAME **TORRES, DENAVARRA C**
 STREET ADDRESS **3663 SW 8TH STREET THIRD FLOOR**
 CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FELIPE A VALLS, JR
 PRESIDENT**

Date

Daytime Phone #

2/2/2000 305-4464916

CR2ED34 (9/99)