

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69559

1. Entity Name

PROTEK & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

817 N.W. 1ST STREET
FT. LAUDERDALE FL 33311
US

817 N.W. 1ST STREET
FT. LAUDERDALE FL 33311-9003
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0274852

Applied For

Not Applied

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

BELGAU, ROBERT J
817 N.W. 1ST STREET
FT. LAUDERDALE FL 33311

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPV ☒ Delete
NAME BELGAU, JEANNE
STREET ADDRESS 817 N.W. 1ST STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☒ Change ☐ Delete
NAME Belgau Robert J
STREET ADDRESS 817 NW 1st street
CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE ST ☒ Delete
NAME BELGAU, ROBERT J.
STREET ADDRESS 817 N.W. 1ST STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE ☒ Change ☐ Delete
NAME Belgau Jeane
STREET ADDRESS 817 NW 1st street
CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE VPE ☐ Delete
NAME WILKINS, CHARLES
STREET ADDRESS 817 NW 1ST ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
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 11 or Block 12 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 #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90131 013 ***150.00

10013400



DO NOT WRITE IN THIS SPACE

2/4/2000 954-467-074