2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # \$84886 BOTECH SERVICES. INC.** 04-12-2001 90002 046 ***150.00 Principal Place of Business Mailing Address 10525 SW 117TH ST 10525 SW 117TH ST MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0297493 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 'Oyarzun," Olga M. Street Address (P.O. Box Number is Not Acceptable) 10525 SW 117 ST. **MIAMI FL 33176** 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ■ Addition TITLE Delete TITLE OYARZUN, ANTONIO R NAME NAME 10525 SW 117TH ST STREFT ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP MIAMI FL ☐ Addition DP Change TITLE ☐ Defete TITLE OYARZUN, OLGA M NAME NAME 10525 SW 117TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE X Delete TITLE ☐ Change Addition MENDOZA, BEATRIZ P NAME NAME STREET ADDRESS 5748 SW 32ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE DV ☐ Change X Addition NAME NAME OI ON OXING IN DIANA OYARZUN STREET ADDRESS STREET ADDRESS 10525 SW 117 ST 10505 37 117th 32 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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