

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S93016**

1. Entity Name

**MLSI - TECH INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90090 039 \*\*\*150.00

0488644

Principal Place of Business      Mailing Address  
P.O. BOX 172225      P.O. BOX 172225  
HIALEAH FL 33017-2225      HIALEAH FL 33017-2225

00000012

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number **65-0294978**      Applied For  
Zip      Country      Zip      Country      Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRITO, WASHINGTON ORL**  
**18620 W OAKMOND DR**  
**HIALEAH FL 33015**

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing      **\$5.00 May Be**  
Trust Fund Contribution.      ☐      **Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	BRITO, WASHINGTON	7700 N.W. 182 TERRACE	HIALEAH FL 33015	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	BRITO, MARIA C	18620 W OAKMONT DRIVE	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 (10/00)