

**2000 UNIFORM BUSINESS REPORT (UBR)**

21

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90176 038 \*\*\*150.00

**DOCUMENT # V16726**

1. Entity Name

**UNITECH BUILDERS CORP.**

Principal Place of Business

2508 NW 79TH AVE. SUITE 200 MIAMI FL 33122  
 16155 SW 117 AVE  
 Miami Fla 33186  
 B24  
 US

Mailing Address

PO BOX 65-0487  
 MIAMI FL 33265-0487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16155 SW 117 AVE

3. Mailing Address

Suite, Apt. #, etc.

B24

Suite, Apt. #, etc.

Suite

City & State

Miami Fla.

City & State

Zip  
 33186

Country  
 USA

Zip

Country

4. FEI Number

65-0314826

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ANTHONY R.  
 16101 SW 197 AVE  
 MIAMI FL 33187

7. Name and Address of New Registered Agent

Name: Gregory Comer  
 Street Address (P.O. Box Number is Not Acceptable): 16101 SW 197 AVE  
 City: Miami Fla.  
 State: FL  
 Zip Code: 33187

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

GREGORY GOMEZ  
 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 | NAME              | STREET ADDRESS   | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|------------------|-------------|---------------------------------|
| PSD   | GOMEZ, ANTHONY R. | 16101 SW 197 AVE | MIAMI FL    | <input type="checkbox"/>        |
| VD    | GOMEZ, GREGORY    | 16101 SW 197 AVE | MIAMI FL    | <input type="checkbox"/>        |
| TD    | GOMEZ, RAMON A.   | 16101 SW 197 AVE | MIAMI FL    | <input type="checkbox"/>        |
|       |                   |                  |             | <input type="checkbox"/>        |
|       |                   |                  |             | <input type="checkbox"/>        |
|       |                   |                  |             | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <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:

*Gregory Comer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/00

Date

(305) 259-1980

Daytime Phone #