

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90093 020 \*\*\*150.00

**DOCUMENT # V38656**

1. Entity Name

**TECTON & TOWER, CORPORATION**

Principal Place of Business

Mailing Address

8135 NW 93RD STREET  
 MEDLEY FL 33166  
 US

8135 NW 93RD STREET  
 MEDLEY FL 33166-2029  
 US

0004604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0334458

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~VIDAN, ORESTES~~  
~~8135 NW 93RD STREET~~  
~~MEDLEY FL 33166~~

Name

*M. JERREY ST. GEORGE*

Street Address (P.O. Box Number is Not Acceptable)

*1735 Yonce de Leon Blvd.*

City

*CORAL GABLES FL*

Zip Code

*33134*

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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

*M. JERREY ST. GEORGE*

*March 9 2000*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>	<b>ORESTES VIDAN</b>	<b>8135 N.W 93RD STREET</b> <b>MEDLEY FL</b>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>FRANCISCO G. ORTA</b>	<b>390 W 11 ST.</b> <b>MIRAGE, FLORIDA, 33010.</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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"/>
				<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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/14/00*  
 Date

*607*  
*985-8858*  
 Daytime Phone #

CRPFR34 (9/99)