FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91612 014 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99378

1. Entity Name

ADVANCED TOTAL SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8401 NW 53rd Terr	8401 NW 53rd Ter
Suite 202	Suite 202
MIAMI, FL	MIAMI, FL
Zip 33166 Country USA	Zip 33166 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0143176 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OSIRIS VILLACAMPA

Street Address (P.O. Box Number is Not Acceptable): 7748 SW 184 WAY

City: MIAMI **FL** Zip Code: 33157

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT/D
NAME	OSIRIS VILLACAMPA
STREET ADDRESS	7748 SW 184 WAY
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	VICE PRESIDENT/D
NAME	DIEGO C ALONSO
STREET ADDRESS	6341 PEST PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	~~SA~~ SECRETARY/D
NAME	MARIA VILLACAMPA
STREET ADDRESS	7748 SW 184 WAY
CITY-ST-ZIP	MIAMI, FL 33157
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CR2E034B (12/01)

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

SIGNATURE: OSIRIS VILLACAMPA PRESIDENT 4/16/02 305-477-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #