FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

address, with all other like empowered

Apr 11, 2002 8:00 am Secretary of State P97000087391 DOCUMENT # 1. Entity Name -11-2002 90009 020 ***150 00 FLATEL, INC. Mailing Address Principal Place of Business 2128 OKECHOBEE BLVD. 2128 OKECHOBEE BLVD. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 HS Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 65-0788827 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent inana Soldi SOLAR, ADRIANA ress (P.O. Box Number is Not Acceptable) 2128 OKEECHOBEE BLVD scola **WEST PALM BEACH FL 33409** 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. DATE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. LEO/Director of Operations Alchange CR2E034 (9/01) TITLE TITLE ☐ Delete Solar Victor 1768 Richard La SOLAR, VICTOR NAME NAME 21280 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS W.P.B. CITY-ST-ZIP West Palm Beach Fl 33409 CITY-ST-ZIP F1. 33400 Change ☐ Addition TITLE ☐ Delete TITLE EO/CFO Solar, adriana NAME SneinbA. 0190 1768 Richard Ln 2128 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP 06B E1. 33400 EO/ Director of Corporate TITLE ☐ Delete TITLE ☐ Addition MATACI, Abido Matari, abido NAME NAME 2128 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS 700 OSCEO12Dr. LEO | Director of Business Development Device 1/2-WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME OSCAR NODAME NAME STREET ADDRESS 900 Osceola Jr Suite 208 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 334CL0 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 on 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