2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 03, 2002 8:00 am secretary of State S36395 DOCUMENT # 1. Entity Name CELLTRONIC CORPORATION 03-03-2002 90110 007 ***150.00 Principal Place of Business Mailing Address 168 SE 1 STREET 168 SE 1 STREET SUITE 501 SUITE 501 **MIAMI FL 33131 MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address 5751 NW 5751 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0245942 Miami Lakes Miami Lakes Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 33014 USA 33014 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAPETTI, ANTONIO A. Street Address (P.O. Box Number is Not Acceptable) 5751 NW 151 Street 168 SE 1 STREET **MIAMI FL 33131** Zip Code **33014** for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement SIGNATURE __ and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **™** Change ☐ Addition CR2E034 (9/01 TITLE ☐ Delete NAME RAPETTI, ANTONIO A. NAME 5751 WW 151 Street 168 SE 1 STREET SUITE 501 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI-FL-33131** CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adoless, with all other like empowered.

SIGNATURE AND EXPENSED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR