# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 06, 2002 8:00 am**
**Secretary of State**
03-06-2002 90066 007 ***150.00

019779 AV

B0037944

DOCUMENT # F00000005345

1. Entity Name
PULSAR TECHNOLOGIES & NETWORKS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CORPORATION SERVICE COMPANY<br>5200 BLUE LAGOON DR STE 100<br>MIAMI FL 33176 | C/O CORPORATION SERVICE COMPANY<br>5200 BLUE LAGOON DR STE 100<br>MIAMI FL 33176 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 303 Twin Dolphin Drive | 303 Twin Dolphin Drive |
| Suite, Apt. #, etc.: Suite 600 | Suite, Apt. #, etc.: Suite 600 |
| City & State: Redwood City, CA | City & State: Redwood City, CA |
| Zip: 94068 Country: USA | Zip: 94068 Country: USA |

4. FEI Number 52-2267842 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 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 | PD<br>PARGA, JOSE L<br>200 S. BISCAYNE BLVD.<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SANCHEZ, ANTONIO<br>200 S. BISCAYNE BLVD.<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RUIZ, JOSE M<br>200 S. BISCAYNE BLVD.<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jose M. Ruiz 02/15/02 (415) 595 4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #