## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## FILED **DOCUMENT # 462066** Sep 12, 2000 8:00 am 1. Entity Name **Secretary of State** DIGITRONIK CORPORATION 09-12-2000 90014 032 \*\*\*558.75 Principal Place of Business Mailing Address 9500 NW 77 AVENUE 9500 NW 77 AVENUE BAY 4 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1559922 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 Name HERNANDEZ.AUGUSTO B. Street Address (P.O. Box Number is Not Acceptable) 705 E. 8TH LANE HIALEAH FL 33010 Zip Code 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD ■ Addition TITLE TITLE ☐ Delete HERNANDEZ.AUGUSTO B. NAME NAME STREET ADDRESS 705 EAST 8TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE HERNANDEZ.AUGUSTO B. NAME NAME STREET ADDRESS 705 EAST 8TH LANE STREET ADDRESS CITY-ST-7IP C!TY-ST-ZIP HIALEAH FL --☐ Addition TITLE ☐ Delete TITLE ☐ Change HERNANDEZ, AUGUSTO B. NAME NAME STREET ADDRESS STREET ADDRESS 705 EAST 8TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

Sept. 7, 2000