2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 15, 2003 8:00 am Secretary of State **DOCUMENT #** G49640 1. Entity Name 01-15-2003 90295 015 ***150.00 PYTEK INTERNATIONAL, INC. Principal Place of Business Mailing Address 9200\S. DADELAND BLVD. 9200 S. DADELAND BLVD. STE. 529. STE. 523 MIAMI/FL 33156 MIAMI FL 33156 US/ US 2. Principal Place of Business 3. Mailing Address 72 AVE. 0. Box 562049 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For HIAM(MIAMI59-2347960 Not Applicable Zip Country Country 56 \$8.75 Additional 325 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELGUEZABAL IGNACIO M Street Address (P.O. Box Number is Not Acceptable) 13421 S.W. 72 AVE. **MIAMI FL 33156** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Delete TITLE ☐ Change ☐ Addition NAME ELGUEZABAL, IGNACIO M. NAME STREET ADDRESS 13421 S.W. 72 AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 12. 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 may 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the composition of the corporation or an attachment with an address, with all other like empowered.

FILED