2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 16, 2000 8:00 am Secretary of State **DOCUMENT # H27950** 1. Entity Name A.T.E.C.S., INC. 05-16-2000 90111 021 ***150.00 Principal Place of Business Mailing Address 9635 S W. 72ND ST. 9835 S W. 72ND ST. SUITE 101 SUITE 101 MIAMI FL 33173-4647 MIAMI FL 33173 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2581712 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WENDENBURG, RUTH Street Address (P.O. Box Number is Not Acceptable) 9835 S.W. 72ND ST., SUITE 101 MIAMI FL 33173 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ☐ Addition Change Delete TITLE WENDENBURG, RUTH WENDENBURG, RUTH NAME 9835 3. W. 72ND. ST, #101 STREET ADDRESS STREET ADDRESS 12536 SW 94TH LANE HIAHI, FL. 33173 CITY-ST-7IP CITY-ST-ZIE MIAMI FL ST ☐ Addition Change ST Delete TITLE TITLE HERMANS, Louis HERMANS, LOUIS NAME NAME STREET ADDRESS STREET ADDRESS 12536 SW 94TH LANE 9835 S.W. 72ND. ST. #101 MIAMI, FL, 33173 CITY ST-7IP City-St-ZiP * ** 'miami`fl' Addition Change □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP Change Addition Delete TITLE HILE NAME STREET ADDRESS Carry andress CITY-ST-ZIP ST ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ARRECCO CITY-ST-ZIP ST ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS T_: 40000159

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

CITY-ST-7IP

ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.