

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90123 011 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J76653

1. Entity Name

ADVACETEC INDUSTRIES, INC.

051290

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

451-NE 189th ST.

Suite, Apt. #, etc.

3. Mailing Address

451-NE 189th ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

4. FEI Number  
 6550175663

Applied For  
 Not Applicable

Zip  
 33179

Country  
 USA

Zip  
 33179

Country  
 USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KANTOR, SEYMOUR

Street Address (P.O. Box Number is Not Acceptable)  
 451-NE 189th ST.

City MIAMI FL Zip Code 33179

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)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PSD  
 KANTOR, SEYMOUR  
 451-NE 189th ST.  
 MIAMI, FL 33179

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

V  
 RON, GIL  
 451-NE 189th ST.  
 MIAMI, FL 33179

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Seymour Kantor 4-8-02 954-346-288*

CR2E034B (12/01)