2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State **DOCUMENT # K75755** 1. Erftity Name A 1 MOBILE TECH, INC. 05-04-2001 90083 018 ***150.00 Principal Place of Business Mailing Address 1999 NE 150 ST 1999 NE 150 ST STE 104 **STE 104** N MIAMI FL 33181 N MIAMI FL 33181 lus 3. Mailing Address 5150 SW 2. Principal Place of Business 5150 SW 48WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 612 City & State Applied For City & State 4. FEI Number 59-2951412 DAVIE Not Applicable Country BROWARD \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIVADENEIRA RIVADENEIRA, LOLITA Street Address (P.O. Box Number is Not Acceptable) 1320 N.E. 129 ST NORTH MIAMI FL 33161 PT. Nº 307 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 (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition ☐ Delete TITLE AIVADENEIRA, RIVADENEIRA, ERIC NAME NAME 1320 NE 129 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL Change ☐ Delete TITLE RIVADENIERA, LOLITA NAME NAME STREET ADDRESS 1320 NE 129 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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-ZIP

SIGNATURE:

CITY-ST-782

2. Minadusera
Signature and typed or printed name of signing officer or director

4/25/01

305-773-1486

Daytime Phone #