2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2000 8:00 am Secretary of State DOCUMENT # L 80296 . AB-TECH CONSULTANTS, INC. 04-20-2000 90020 008 ***150.00 Principal Place of Business Mailing Address P.O. BOY 832283 C/O ALEXANDER A. BOUCLE MIAMI, FC 33283 5420 SW 114 CT DAAGOTAG MIAM, FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0244352 Not Applicable Country \$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 Name BOUCLE, ALEXANDER A. Street Address (P.O. Box Number is Not Acceptable) 5400 SW 114 COUR+ MIRMI CI 33165

City

e above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Zip Code F۱ DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete Change TITLE NAME BOUCLE, ALEXANDER 4. 5420 SW 114 COUNT STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP MIAMI, FL 33165 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition_ Delete - --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. ALEX ANDEX A. BOUCCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: