

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000000779**

1. Entity Name

**MOBILINK TECHNOLOGIES INC.****FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90170 003 \*\*\*150.00

0145216

Principal Place of Business

Mailing Address

1150 N.W. 72ND AVENUE  
SUITE 307  
MIAMI FL 331261150 N.W. 72ND AVENUE  
SUITE 307  
MIAMI FL 33126**C0046998**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**6504 N.W 186 STREET.****7845 N.W 148 STREET.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**MIAMI LAKES Fla.**

City &amp; State

**MIAMI LAKES Fla**

Zip

**33015.**

Country

Zip

**33016.**

Country

4. FEI Number

**650973768**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIDDIQ, MOHAMMED A  
7806 N.W. 193RD TERRACE  
MIAMI FL 33015**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>PSTD</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>SIDDIQ, MOHAMMED A</b>	<b>7806 N.W. 193RD TERRACE</b>					
	<b>MIAMI FL 33015</b>						
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIDDIQ MOHAMMED**

Date

**4/10/01 305/364-4888.**

Daytime Phone #

CR2E034 (10/00)