2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P0000078909 1. Entity Name ADVANCED INTEGRATED SYSTEMS GROUP, INC. 04-23-2001 90002 018 ***150 00 Principal Place of Business Mailing Address 9000 S.W. 102ND STREET 9000 S.W. 102ND STREET MIAMI FL 33176 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business 9000 SW 102ND STREET 9000 S.W. 102ND STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State Not Applicable MIAML FL <u>Miami, Fl</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required **NSM** 3317b USA 3317b 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE SOLO: ALBERTO R Street Address (P.O. Box Number is Not Acceptable) 9000 S.W. 102ND STREET MIAMI FL 33176 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 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, 2001 Fee will be \$550.00 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. 11. **Addition** President ☐ Change TITLE Delete LUIS F. SANTOS NAME NAME 2168 SW IS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33145 CITY-ST-ZIP **Addition** VICE PRESIDENT Change TITLE ☐ Delete ALBERTO R. DE SOLD NAME NAME 9000 SW 102 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TREASURED SECRATARY BREE BUDNICK ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME 4915 BUCHANAN PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 3488 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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

I hereby certify that the information supplied with this filling 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 accordate 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 attac

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Change

Addition