- 5/15/01-90022-01

Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

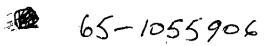
SIGNATURE:

## Jun 15, 2001 8:00 am Secretary of State DOCUMENT # P00000081195 1. Entity Name 05-15-2001 90022 018 \*\*\*150.00 APTIX COMMUNICATIONS CORP. Principal Place of Business Mailing Address 852 E. HIALEAH DRIVE 852 E. HIALEAH DRIVE HIALFAH EL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 65-1055904 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent ARIAS, RUBEN J Street Address (P.O. Box Number is Not Acceptable) 5708 S LE JEUNE RD. **CORAL GABLES FL 33146** Zip Code 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. SIGNATURE Signature, typed or printed name of regulared agent and little 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ☐ Addition ALONSO, PEDRO O MAME STREET ADDRESS STREET ADDRESS 852 E. HIALEAH DRIVE CITY-ST-ZIP CITY-SI-ZIP HIALEAH FL 33010 ☐ Addition ☐ Delete TITLE ☐ Change NAME ALONSO, ERNESTO NAME STREET ADDRESS STREET ADDRESS 852 E. HIALEAH DRIVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Delete ☐ Addition TITLE TITLE ☐ Change FABELO, ROGER NAME STREET ADDRESS STREET ADDRESS 931 SW 29TH AVENUE APT #3 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP 13. 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 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.



. To. Florish Department OF State

Here the # Federal



Tel (200) 402 6737 Fax (205) 820 0404