2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P00000100067 UNIVERSAL ADVANCED TECHNOLOGY GROUP, INC. 05-04-2001 90030 042 ***150.00 Principal Place of Business Mailing Address 7054 SW 114TH PL., SUITE E 7054 SW 114TH PL., SUITE E MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address 8012 nw &<u>0</u>12 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4212 16 # 4. FEI Number Applied For City & State City & State floeidA <u>lò</u>rida MIAMI MIAM 65-Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 33122 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAISNAN MONTES, ALIX J Street Address (P.O. Box Number is Not Acceptable) 775 NE 79TH ST. **MIAMI FL 33138** mits this statվment for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above na **SIGNATURE** ed 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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do s After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE MAIGNAN, RODY TOSH SWINTH PL SVITE E MAIGNAN, RUDY NAME MARKE 2580 NW 47TH AVE. STREET ADDRESS STREET ADORESS MIAMI FC CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change _ 🔲 Addition TITLE ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete 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 □ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 suppliemental 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 fustee employed 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 in address with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED WAITE OF SIGNING OFFICER OR DIRECTOR

4/2501

(30) 406-3736