DOCUMENT

1. Entity Name

P01000016654

ADVANCED PATCH TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

780 NORTHWEST LE JEUNE ROD. SUITE 516

780 NORTHWEST LE JEUNE ROD. SUITE 516

MIAMI FL 33	126	MIAMI FL 33126		
2. Principal Place of Business		3. Mailing Address		L ABBRICAN IN BRIDE HICH BEINF BEINF BEINF BEINF BLIDE HALLD BINCO DIERF BEINF BLED LEDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State		City & State		4. FEI. Number 1071501 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent
			Name D	viello A. Pierra CPA
SPIEGEL & UTRERA, P.A.			Street Addre	ss (P.O. Box Number is Not Acceptable)
343 ALMI	eria avenue		78	so NW LE JEUNE KO.
CORAL GABLES FL 33134				+ 516
			City V	FL Zip Code 12/2
R The above	named entity euhmits this statement fo	or the nurnose of a marina its	registered office or reg	istered agent, or both, in the State of Florida.
e. Life above	Harried entity submits this statement to	if the purpose of enanging its	registered office of reg	Siered agent, or both, in the state of riorida.
SIGNÄTURE .	X ////	\sim A.	irelia H.	Piedra //8/02
GIOTA TOTAL	Signature, typed or printed name of egistered agent	and title if applicable. (NOTE	E: Registered Agent signature rec	guired when reinstating) DATE
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.00	10. Election Campaign Financing \$5.00 May Re
Tax filing requirement and elects to do so. After May 1, 20		02 Fee will be \$550.0	Trust Fund Contribution.	
<u> </u>	ia on back)		le to Department of	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSD BTESH, SALOMON	☐ Delete	NAME 3	TESH, SALOTION Change Addition 130 Num to Jewy RD.
STREET ADDRESS			STREET ADDRESS	790 NM 16 JEWY RD.
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	pa Locka, Fl. 33054
TITLE	VTD	☐ Delete	TITLE V	☐ Change ☐ Addition
NAME STREET ADDRESS	SILBERVARB, BERNARD		NAME STREET ADDRESS	LBERFARG, BERNARD 2790 NW 12 JEUNE RD.
CITY-ST-ZIP	780 NORTHWEST LE JEUNE RO MIAMI FL 33126	DD, SUITE 516		
- TITLE	MIMMI FL 33120	☐ Delete ~	TITLE - · · · · ·	Pa LockQ FL 33051
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		П в н	CITY-ST-ZIP	Change Addition
TITLE Name		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE	☐ Change ☐ Addition
NAME		tool congre	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

and adcurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director I to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachmen Vict

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR