## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2002 8:00 am Secretary of State P01000023841 DOCUMENT # 1. Entity Name 03-11-2002 90061 046 \*\*\*150.00 FREEDOMTEK GROUP, INC. Principal Place of Business Mailing Address 16478 SW 22ND ST 16478 SW 22ND ST MIRAMAR FL 33027 MIRAMAR FL 33027 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. 4. FEI Number Applied For City & State City & State 65-1091600 Not Applicable \$8,75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOSA, JUAN I Street Address (P.O. Box Number is Not Acceptable) 16478 SW 22ND ST MIRAMAR FL 33027 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, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. ☐ Addition TITLE ☐ Delete TITLE SOSA, JUAN 1 NAME NAME 16478 SW 22ND ST STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME CRUZ, DANIEL S STREET ADDRESS 15665 MIAMI LAKEWAY N. APT 207-A STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Rigoberto Rodriguez Je. 6746 Beookline Drive Hiami FL. 33015 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP \_\_ ... Addition\_ \_\_\_Change Delete TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED