FILED
Jun 27, 2002 8:00 am
Secretary of State
05-21-2002 91146 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033641

1. Entity Name
CDIGITAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10350 SW 136 CT.
Suite, Apt. #, etc.
Miami FLORIDA
City & State
Zip 33186 Country Miami-DADE

3. Mailing Address
P.O. Box 162452
Suite, Apt. #, etc.
City & State Miami Florida
Zip 33116-2452 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65 10 88283 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name HECTOR A. ARENAS
Street Address (P.O. Box Number is Not Acceptable) 10350 SW 136 CT.
City Miami Florida FL Zip Code 33186

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	President Hector Arenas 10350 SW 136 CT. Miami FL. 33186		
	Vice president Gloria Arenas 10350 SW 136 CT. Miami FL 33186		
	Secretary Rosa Arenas 10350 SW 136 CT. Miami FL 33186		DO NOT WRITE
			IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: [signature] HECTOR A. ARENAS 05-01-02 (305) 408-6478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #