FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90044 047 ***220.00

DOCUMENT # P01000039319

1. Entity Name: A1000 INC. D/B/A Absolute Digital

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2650 W 76 St		2650 W 76 St	
Suite, Apt. #, etc.: #201		Suite, Apt. #, etc.: 201	
City & State: Hialeah, Fl		City & State: Hialeah, Fl	
Zip: 33016	Country: US	Zip: 33016	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1094197 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: Yendi Caballero
Street Address (P.O. Box Number is Not Acceptable): 2650 W 76 St #201
City: Hialeah **FL** Zip Code: 33016

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] YENDI CABALLERO 1-30-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	President	TITLE	
NAME	Yendi Caballero	NAME	
STREET ADDRESS	2650 W 76 St #201	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl 33016	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Alfredo Alvarez	NAME	
STREET ADDRESS	2650 W 76 St #201	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl 33016	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] YENDI CABALLERO 1-30-02 (305)825-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #