FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91611 013 ***150.00

DOCUMENT # P01000051819

1. Entity Name
RETAIL TECHNOLOGY SOLUTIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5209 NW 74 AVE (215A)	5209 NW 74AVE
Suite, Apt. #, etc. 215-A	Suite, Apt. #, etc. 215-A
City & State MIAMI FLORIDA	City & State MIAMI, FLORIDA
Zip 33166 Country DADE	Zip 33166 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1109891 ☐ 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 ALEJANDRO ZAJAC

Street Address (P.O. Box Number Not Acceptable) 3750 W FLAGLER ST

City MIAMI, FL 33134 FL Zip Code 33134

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 Alejandro Zajac 04/15/02
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	P.D
NAME	JOSSUE BARRIAC
STREET ADDRESS	5209 NW 74AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	V.D
NAME	ANGEL HUE20
STREET ADDRESS	5209 NW 74AVE
CITY-ST-ZIP	MIAMI, FL 33134
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NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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: 04/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #