2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91746 019 ***150.00

DOCUMENT # P01000072096

1. Entity Name
A1A PCTEL, COM. INC

Principal Place of Business
8290 Lake Drive
Ste 550
Miami Fl. 33166

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10300 FAIRWAY Rd
Suite, Apt. #, etc.
City & State
PEMBROKE PINES Fl
Zip
33026
Country

3. Mailing Address
7105 S.W 8 st.
Suite, Apt. #, etc.
103
City & State
Miami Fl.
Zip
331 4
Country

4. FEI Number
65-1122010
☐ Applied For
☐ Not Applicab

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

6. Name and Address of Current Registered Agent
Bohorquez Jorge
8290 Lake Dr #550
Miami Fl 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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	PD	☐ Delete
NAME	Bohorquez Jorge.	
STREET ADDRESS	8290 Lake Dr #550	
CITY-ST-ZIP	Miami Fl 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Additi
NAME		
STREET ADDRESS	10300 FAIRWAY Rd	
CITY-ST-ZIP	PEMBROKE, pines Fl. 33026	
TITLE		☐ Change ☐ Additi
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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 informatio 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 directo 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNING OFFICER OR DIRECTOR

4/24/02 Date
(305)226-3443 Daytime Phone #