

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90758 039 ***150.00

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DOCUMENT # P01000072096

1. Entity Name
A1A PCTEL.COM, INC.



Principal Place of Business
**10300 FAIRWAY RD.
PEMBROKE PINES FL 33026**

Mailing Address
**7105 SW 8 ST
103
MIAMI FL**



2. Principal Place of Business

3. Mailing Address

**7105 SW 8 ST
309**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33144

4. FEI Number **65-1122010**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOHORQUEZ, JORGE
8290 LAKE DRIVE
STE 550
MIAMI FL 33166**

Name

Street Address (P.O. Box Number is Not Acceptable)

10300 FAIRWAY RD.

City

PEMBROKE PINES FL

Zip Code

33026

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BOHORQUEZ, JORGE**
STREET ADDRESS **10300 FAIRWAY RD.**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 (309) 226-3443

CR2E034 (10/02)