

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91168 040 \*\*\*150.00

DOCUMENT # P01000111133-1/1

1. Entity Name

BINARY APPLIED SOLUTIONS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6001 NW 153 St

Suite, Apt. #, etc.

Suite 202

City & State

Miami Lakes FL

Zip

33014

Country

USA

3. Mailing Address

6001 NW 153 St

Suite, Apt. #, etc.

Suite 202

City & State

Miami Lakes FL

Zip

33014

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1154204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Argemiro carvajal

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

19420 NW 78 Pl

City

Miami Lakes

FL

Zip Code

33015

**DO NOT WRITE  
IN THIS SPACE**

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)

04-30-02

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Argemiro carvajal  
19420 NW 78 Pl  
Miami Lakes FL 33015

TITLE  
NAME  
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CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Argemiro Carvajal

04-30-02

Date

Daytime Phone #

CR2E034B (12/01)