FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90115 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000043145

1. Entity Name
ADVANCED CHANNELS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
8918 WEST FLAGLER STREET, UNIT 8 MIAMI, FL 33174	8918 WEST FLAGLER STREET, UNIT 8 MIAMI, FL 33174

2. Principal Place of Business	3. Mailing Address
2678 PALMER PLACE	2678 PALMER PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL.	City & State: WESTON FL
Zip: 33332 Country: U.S.A.	Zip: 33332 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 47-0863270 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POMAR, JOSE
8918 WEST FLAGLER STREET, UNIT 8
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name: RAFAEL PONS
Street Address (P.O. Box Number Is Not Acceptable): 2678 PALMER PLACE
City: WESTON. FL Zip Code: 33332

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: RAFAEL PONS 3-3-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST POMAR, JOSE 8918 WEST FLAGLER STREET, UNIT 8 MIAMI, FL 33174	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POMAR, JOSE 8918 WEST FLAGLER STREET, UNIT 8 MIAMI, FL 33174	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. NICOLAS LECAROZ 11285 DONNINGTON DR. DULUTH, GA. 30097	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. EDUARDO MAURIZI 2184 ENSENADA TERRACE WESTON, FL. 33327.	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY & TREASURER. RAFAEL PONS 2678 PALMER PLACE WESTON, FL. 33332	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: RAFAEL PONS Rafael Pons. 3-3-03 (954) 384-6972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # P02000043145

1. Entity Name
Advanced Channels Associates, INC.

80049832

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2678 Palmer Pl.	2678 Palmer Place.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL.	City & State: Weston, FL.
Zip: 33332 Country: Broward	Zip: 33332 Country: Broward

4. FEI Number: 47-0863270 ☐ 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: RAFAEL A. PONS

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

2678 PALMER PLACE

City: WESTON FL Zip Code: 33332

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: RAFAEL PONS 3-3-03

Signature, Typed or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	NICOLAS LECAROZ	NAME	
STREET ADDRESS	11285 DONNINGTON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DULUTH, GA. 30097	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	EDUARDO MAURI	NAME	
STREET ADDRESS	2184 ENSENADA TERRACE.	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL. 33327	CITY-ST-ZIP	
TITLE	V.P.	TITLE	
NAME	JOSE POMAR	NAME	
STREET ADDRESS	8918 WEST FLAGLER ST. UNIT E	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	MIAMI FL 33174	CITY-ST-ZIP	
TITLE	SECRETARY & TREASURER	TITLE	IN THIS SPACE
NAME	RAFAEL PONS	NAME	
STREET ADDRESS	2678 PALMER PLACE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL. 33332	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL PONS 3-3-03 (954) 384-6972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #