FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000058702 DOCUMENT

1. Entity Name



Mar 21, 2003 8:00 am & Secretary of State 03-21-2003 90078 036 ***150.00 FORTUNE TELECOMMUNICATION TECHNICIANS, CORP. Principal Place of Business Mailing Address 13370 SW 89 TERRACE UNIT G 13370 SW 89 TERRACE UNIT G **MIAMI FL 33186 MIAMI FL 33186** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 33 - 100 7664 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALONZO, PABLO R Street Address (P.O. Box Number is Not Acceptable) 13370 SW 89 TERRACE UNIT G MIAMI FL 33186 City 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME ALONZO, PABLO R NAME STREET ADDRESS 13370 SW 89 TERRACE UNIT G STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplies 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 upport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or distrementation of the receiver or distrementation of the corporation or the receiver or distrementation of the corporation or the receiver of the corporation of the receiver of the receiver of the receiver of the receiver of the corporation or the receiver of of the corporation or the received changed, or on an attachment with all other like empowered

SIGNATURE: 4

)REPABLOJALONZOD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President