2003 FOR PROFIT CORPORATION

Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000063985 DOCUMENT # 1. Entity Name 03-31-2003 90127 028 ***150.00 TECNISPOT, INC. Principal Place of Business Mailing Address **14251 SW 34TH STREET** 14251 SW 34TH STREET MIAM! FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALEEM, FAISAL Street Address (P.O. Box Number is Not Acceptable) 14251 SW 34TH STREET MIAMI FL 33175 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Ш Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🛴 ☐ Delete Change TITLE ☐ Addition KALEEM, FAISAL KALEEM, FAISEAL NAME NAME 14251 SW 34th street miami, fl 33175 14251 SW 34TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP D ☐ Delete Change TITI F Addition FAISAL, MALEEHA NAME FAISAL, MALENHA NAME STREET ADDRESS **14251 SW 34TH STREET** STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition ZUBERI, BILAL, M., NAME NAME: STREET ADDRESS 14251 SW 34TH STREET STREET ADDRESS CITY-ST-7IE MIAMI FL 33175 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

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 of

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED