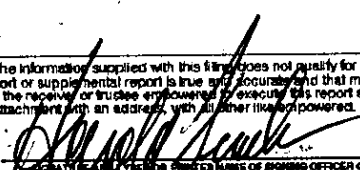


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90168 013 ***150.00

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

DOCUMENT # P02000070910			
1. Entity Name ADVANCED INTEGRATORS, INC.			
Principal Place of Business 17125 NEWPORT CLUB DR. BOCA RATON, FL 33486		Mailing Address 17125 NEWPORT CLUB DR. BOCA RATON, FL 33486	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
☐ CHECK HERE IF MAKING CHANGES			
4. FEI Number 01-6730824		Applied For Not Applicable	
5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1940 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent's name required when substituting)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee		CH2E034 (10/02)	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME PO. ☐ Delete			TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE NAME VSTD ☐ Delete			TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE NAME ☐ Delete			TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		4/22/03 (561)955-7791	