


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 005 ***150.00

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

DOCUMENT # <u>P02000080463</u>	
1. Entity Name <u>ALCATEL, INC</u>	

90113646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>10880 Collins Ave</u>	3. Mailing Address <u>10880 Collins Ave</u>
Suite, Apt. #, etc. <u>Suite 108</u>	Suite, Apt. #, etc. <u>Suite 108</u>
City & State <u>Miami Beach FL</u>	City & State <u>Miami Beach FL</u>
Zip <u>33154-1000</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>NONE</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <u>Michael, W. K</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>400 Kingspoint Drive #315</u>	
City <u>Miami Beach</u>	FL Zip Code <u>33169</u>

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 20 APRIL 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP <u>P MICHAEL, W.K. 400 KINGSPOINT DRIVE 315 MIAMI FL 33169</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>S NASHIB, NADILA 400 KINGSPOINT DRIVE #315 MIAMI FL 33169</u>
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IN THIS SPACE**

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: [Signature] DATE 20 APRIL 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)