

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91138 019 ***150.00

DOCUMENT # P93000053507

1. Entity Name

PECTEL, INC.

Principal Place of Business

Mailing Address

~~2809 BIRD AVE~~
~~#132~~
~~COCONUT GROVE FL 33133~~
 US

P.O. BOX 331501
 MIAMI FL 33233-1501
 US

2. Principal Place of Business

2450 WEST 80TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

City & State

FL

City & State

Zip

Country

Zip

Country

33016

USA

4. FEI Number

65-0426655

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, PETER E

2809 BIRD AVE

STE 132

COCONUT GROVE FL 33133

Name

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

2450 WEST 80TH STREET

#4

City

HALEAH

FL

Zip Code

33016

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	MITCHELL, PETER E.	2809 BIRD AVE #132	COCONUT GROVE FL 33133	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P S	PETER E MITCHELL	2450 WEST 80TH STREET, #4	HALEAH, FL 33016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(305) 285-6776

Daytime Phone #

CR2E034 (10/00)