FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2002 8:00 am P94000051305 DOCUMENT # **Secretary of State** 1. Entity Name 02-27-2002 90080 028 ***150.00 GTL SOFTWARE CORP. Principal Place of Business Mailing Address 6220 N.W. 170TH TERR. 6220 N.W. 170TH TERR. MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address 6312 NW 20th 16312 NW 20th STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0504552 PIWES, FC ombrote embroke Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBEN (-OMEZ RUBEN J GOMEZ Street Address (P.O. Box Number is Not Acceptable) 16312 NW 20+n STREET 6220 NW 170TH TERR MIAM! FL 33015 Pembeoke & 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change | TITLE ☐ Delete TITLE GOMEZ, TERESA GOMEZ, TERESA NAME NAME 16312 NW ZOHN STREET 6220 NW 170TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered