Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P95000014079  1. Entity Name HI Q TELECOM INC.					Secretary of State 02-11-2002 90223 048 ***150.00			
Principal Place of Business Mailing Address 8281 N.W. 167 TERRACE 8281 N.W. 167 TERRACE MIAMI FL 33016 MIAMI FL 33016					4 (884)1884 11 <b>9</b> 4813) 81111 98111 68111	<b>88</b> 111 <b>8918</b> 1 81 <b>8</b> 11 <b>818</b> 11 <b>88</b>	DOKE KONI KEDI	
2. Principal Place of Business   3. Mailing Address   16562 NW   83 PL   16562 NW			IW P3 PL		DO NÓT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite, Apt. #, etc.								
City & Stat	e; FL	City & State MIAMI, F	State Niami, FC		65-0574894		plied For t Applicable	
- Zip - 330	016 - Country VISA	Zip 33016	Country USA	50	Certificate of Status Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current Re	egistered Agent		7. N	lame and Address of New Re			
			Name	VIVÍAN	A Purrinus			
PURRINOS, ALFREDO				treet Address (P.O. Box Number is Not Acceptable)				
8281 N.W. 167 TERRACE				16562 NW P3PL				
MIAMI FL 33016					7510			
			City	Miami	A	FL Zip C33	016	
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)			.00 550.00 It of State	10. Election Campaign Fina Trust Fund Contribution.	. 🗆 Added	<b>0</b> May Be I to Fees	
11.	OFFICERS AND D	RECTORS	12.		DITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PURRINOS, ALFREDO 8281 N.W. 167 TERRACE MIAMI FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16567	DENT NOS, AIFREDO L NU P3PL 1, FL 33016	Change .	Addition 0/6/5	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - 1 VIVIAN 16562	President UA Purcinos L NW P3PL I, FL 33016	☐ Change	Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		7,10 3,010	☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	. TITLE . NAME . STREET ADDRESS . CITY-ST-ZIP		.,, - ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby indicated of the co-	certify that the information supplied with the on this report or supplemental report is trooration or the receiver or trusted impower, or on an attachment with an address, with	nis filing does not qualify for rue and accurate and that m vered to execute this report a th all other like empowered.	the exemption sta y signature shall las required by Ch	ated in Section have the same apter 607, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under or ida Statutes; and that my name	further certify that the ir ath; that I am an officer appears in Block 11 or	nformation or director Block 12 if	