2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097385

1. Entity Name
MANAGEMENT NETWORK CORP.

FILED
00 APR 26 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
145 Madeira Avenue
315
Coral Gables, FL 33134

Mailing Address
same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6600 NW 72nd Avenue	same
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33166-3030 / Country	Zip / Country

4. FEI Number 65-0796816 ☐ 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
Beltran, Marcos 145 Madeira Avenue 315 Coral Gables, FL 33134	Name: SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue City: Coral Gables FL Zip Code 33134

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.

Spiegel & UTrera, P.A.
SIGNATURE By: [signature]
Natalia Utrera, Vice President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 4/24/00 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, 2000 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: P NAME: Garcia, Orlando STREET ADDRESS: 3005 SW 23rd St. CITY-ST-ZIP: Miami, FL 33134	☒ Delete	TITLE: PSTD NAME: Gonzalez, Luis F. STREET ADDRESS: 6600 NW 72nd Avenue, Suite B CITY-ST-ZIP: Miami, FL 33166-3030	☐ Change ☐ Addition
TITLE: V NAME: Beltran, Marcos STREET ADDRESS: 30035 SW 23rd St. CITY-ST-ZIP: Miami, FL 33134	☒ 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
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CR2E034 (9/99)

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.

SIGNATURE: [signature] 4/24/2000 883-1959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #