2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600003030 1. Entity Name CARBON TECHNOLOGY INTERNATIONAL CORPORATION						FILED 02 MAY -1 PM 1:19			
•	ce of Business TH ST SUITE 202 157	Mailing Address 2665 S. BAYSHORE DR. STE 703 MIAMI FL 33133				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address					06100 3810 0		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State			4.	FEI Number 65-0631020		pplied For ot Applicable	
Zip	Country	Zip Country		5.	Certificate of Status Desired	\$8.75 Add	ditional		
	6. Name and Address of Current R	egistered Agent			7. 1	Name and Address of New Registered			
				Name					
WORLD 0 2665 S B			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33133			0''					
				City		F	L Zip Cod	e	
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			f State				
11.	OFFICERS AND D		12.		AC	DDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, JOSEPH W 9245 SW 157TH ST SUITE 202 MIAMI FL 33157	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELCH, JONATHAN R 9245 SW 157TH ST SUITE 202 MIAMI FL 33157	☐ Delete	NAME STREE CITY-S	T ADDRESS ST-ZIP		-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOJC, DRAGAN 9245 SW 157TH ST SUITE 202 MIAMI FL 33157	☐ Delete		T ADDŘESS ST-ZIP	ng Tunggan ang Andrews ang Angalan ang	800005504 -05/13/020 ***1200.00)10020;	22	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEIER, ROBERT R 9245 SW 157TH ST SUITE 202 MIAMI FL 33157	□ Delete	TITLE NAME STREET CITY-S	r address St-Zip			☐ Change	Addition	
TITLE Name Street address City-St-Zip	AS RICHARDS, TIMOTHY D 9245 SW 157TH ST SUITE 202 MIAMI FL 33157	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with the continuous properties to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the continuous properties of the continuous properties.	rue and accurate and that my rered to execute this report as	/ signatu	re shall have	the same I	legal effect as if made under gath: that I	l am an officer	or director	

Timothy D. Richards 4/26/02 (305) 858-9900

Daytime Phone #