2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P96000009033 1. Entity Name APPLIED DIGITAL PROGRAMMING TECHNOLOGIES INC. 01-19-2000 90289 013 ***150.00 Mailing Address Principal Place of Business 10962 SW 74TH STREET 10962 SW 74TH STREET MIAMI FL 33173 MIAMI FL 33173-2758 3. Mailing Address 2. Principal Place of Business SAMO 14355 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0648581 MIRMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUGILO RUGILO, CRISTINA Sナルピモリ 10962 SW 74TH STREET **MIAMI FL 33173** MIAMI *϶϶*ʹ៸៸ៜ 8. The above named entire submittenis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Rugico, Persioent SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -- -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PROSIDENT TITLE ☐ Addition Delete TITLE ROBERT RUGILO RUGILO, CRISTINA NAME NAME 14355 SW 142 ST. STREET ADDRESS STREET ADDRESS 10962 SW 74TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL PRESIDENT Change Addition TITLE ☐ Defete TITLE ROBERT RUGICO 14355 SW 142 STREET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-732 Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Delete ☐ Change TITLE Some with the sugar his NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □. Delete ☐ Addition ☐ Change mie 21 1 3 3 3 TITLE NAMÉRO (15 JE) $\mathcal{L}(\mathcal{L}^{2}_{\mathcal{L}})$ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 engaged 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.

ROBERTERUSTED PROSIDENTO1/10/2000

SIGNATURE:

(305) 254-7658

Daytime Phone #