2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90173 024 ***150 00

ION TECHNOLOGIES ENTERPRISES, INC. 02-21-2002 90173 024 ***150.00 3-recipial Place of Business 1887 NW, 977H AVE. SURE 101 MAMIR 1, 3072 2. Philipped Place of Business Sulto, Ant. 4. ofto. Sure 50 Cry 6. State Cry 6. State Cry 6. State Do NOT WRITE IN THIS SPACE Cry 6. State Cry 6. State At FETNANDO 1222 SW, 18 ST MAMIR 1, 33145 City FL Street Address (P.O. Box Number is Not accordable) Street Address (P.O. Box Number is Not accordable) Street Address (P.O. Box Number is Not accordable) FL Street Address (P.O. Box Number is Not accordable) Street Address (P.O. Box Number is Number is Number in the Number is Number in the Number is Number in the Number in the Number is Number in the Number in the Number in the Number in the Number is Number in the	DOCUMENT # P97000062610					Secretary of State				
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Suite, Apt. 4, atc. Suite Aut. 46C DO NOT WRITE IN THIS SPACE City & State City & State 4, FET Number 65-0770489 Applied For Not Applicable Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Reculted Fee Reculted Fee Reculted Name and Address of Current Registered Agent Name Name Name and Address of New Registered Agent Name Name Name and Address of New Registered Agent Name CABRERA, FERNANDO 1222 S.W. 18 ST MAMI FL 33145 City FL Zip Code 8. The above runned entity submits this attacement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. SIGNATURE Synatics (peer or price) Synatics (peer or price) OATE 9. This corporation is eligible to fostately its intamptible Addition of both After May 1, 2002 Fee will be \$500.00 After May 1, 2002 Fee will be \$500.00 After May 1, 2002 Fee will be \$500.00 After May 1, 2002 Fee will be \$500.00 Aft	MINNI IL SSI		MINH IL SOILE						Λ,	
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABRERA, FERNANDD 1222 S.W. 18 ST MAMI FL 33145 City FL Zp Code 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. SIGNATURE Suprane, typed of printed name of registered agent and the Aspicitable. P. This corporation is eligible to Sastisty its Intamplible Task fling requirement and elects to do so (See criedra on back) After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS? 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 1. OFFICERS AND DIRECTORS? 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 1. OFFICERS AND DIRECTORS? 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 1. OR Delate 1. THE CHANGES 1. OR THE ADDRESS 1. CITY 51-2P 1. OR Delate 1. OR DELATE OR DELATE 1. OR			, only & only	Only & State		65-0770489			1	
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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		tertify that the information supplied with	this filing does not qualify for t		Section	119.07(3)(i), Florida Statutes. I further ce	ertify that the in	nformation	1	

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 trystee 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 AN SIGNING OFFICER OF DIRECTOR

Daytime Phone # Date