

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065778 (7)

1. Corporation Name

ULTIMATE NETWORKS, INC.



Principal Place of Business

2700 CROTON ROAD #4-6
MELBOURNE FL 32935

Mailing Address

2700 CROTON ROAD #4-6
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

65-0781967

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 1090 North A1A
Suite, Apt. #, etc.

22

23 Indialantic, FL
City & State

24 32903 25 USA
Zip Country

2a. Mailing Address

26 1090 North A1A
Suite, Apt. #, etc.

27

28 Indialantic, FL
City & State

29 32903 30 USA
Zip Country

9. Name and Address of Current Registered Agent

QUINTEIRO, MANUEL
2700 CROTON ROAD #4-6
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name Manuel Quinteiro
82 Street Address (P.O. Box Number is Not Acceptable)
1090 North A1A
83
84 City Indialantic FL 85 Zip Code 32903

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Manuel Quinteiro D/V

April 28, 1998

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINTEIRO, MANUEL	
STREET ADDRESS	2700 CROTON ROAD #4-6	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINTEIRO, MANOLO	
STREET ADDRESS	205 HOMESTEAD ST APT B-9	
CITY-ST-ZIP	MANCHESTER CT 06040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINTEIRO, PILAR	
STREET ADDRESS	205 HOMESTEAD ST APT B-9	
CITY-ST-ZIP	MANCHESTER CT 06040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Manuel Quinteiro	
13 STREET ADDRESS	1090 North A1A	
14 CITY-ST-ZIP	Indialantic, FL 32903	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Manuel Quinteiro D/V

4/28/98

407-723-4747

CR2E034 (10/97)