2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P97000087391 FLATEL, INC. 01-30-2001 90098 028 ***150.00 Principal Place of Business Mailing Address 2128 OKECHOBEE BLVD. 2128 OKECHOBEE BLVD. WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0788827 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name SOLAR, ADRIANA Street Address (P.O. Box Number is Not Acceptable) 2128 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOLAR, VICTOR NAME NAME 21280 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Change ☐ Addition TIT: F ☐ Delete TITLE SOLAR, ADRIANA NAME NAME 2128 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-7IP Delete TITLE Change ☐ Addition SOLAR. ADRIANA NAME NAME 1768 RICHARD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP Change TITI F ☐ Delete TITLE ☐ Addition MATARI, ABIDO NAME NAME 2128 OKEECHOBEE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1-15-01 Sul-688-2525
Daytime Phone #