FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # P97000104183 FILED COMPUTER ADVANCED TECHNOLOGY, CORP. 02 NOV 21 AM 11: 01 SECRETARY OF STATE DO NOT WRITE IN THIS SPACE TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address 2385 EXECUTIVE CENTER DR 2385 EXECUTIVE CENTER DR. Suite, Apt. #, etc. STE: 100 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE: 100 City & State BOCA RATON, FL City & State 4. FEI Number Applied For 593482151 BOCA RATON, FL Not Applicable Zip 33431 Country Country \$8.75 Additional 5. Certificate of Status Desired US 33431 US Fee Required 7. Name and Address of Current Registered Agent DARLENE CHOCKVIVATVANIT DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2385 EXECUTIVE CENTER DR. STE: 100 City BOCA RATON med entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida DARLENE CHOCKVIVATVANIT (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE (P/D) DARLENE CHOCKVIVATVANIT 700009352657 NAME NAME 2385 EXECUTIVE CENTER DR. STE: 100 12/04/02--01065--021 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CATY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-7IP 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 on an

CR2E0348 (12/01)

COMPUTER ADVANCED TECHNOLOGY, CORP.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR THE 2000 REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,

PRESIDENT

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