2001	UNIFORM BUSIN	IESS REPOF	rt (UBR)		č			
DOCUMENT # P98 00 000 1881								
BRIGHTCELL TECHNOLOGIES : Inc					FILED			
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Principal Plac	e of Business	Mailing Address	·	SECRETA TALLAHAS	RY OF STATE SSEE, FLORIDA			
2. Principal P	I NW 89- Place	3. Mailing Address  2011 N. N. Suite, Apt. #, etc.	1.89±1 Pi	lace	DO NOT WRITE IN THIS	SPACE		
City & State  MiAHi - F   City & State  MiAHi - F			FL-	4. FEI Number Applied For Not Applicable				
ZipFL	Country 72 VSA	Zip 33172	Country , S . K			\$8.75 Add	litional	
	6. Name and Address of Current Re				ddress of New Registered		-	
ELMOSTAFA MCHATET				Name				
3951 S.W. 136th Avenue				- Street Address (P.O. Box Number is Not Acceptable)				
MIRAMAR - FL- 33027			City	City Zip Code				
P The shows	named entity submits this statement for th	a purpose of changing its re		vetAted agent, or both	in the State of Florida			
SIGNATURE .	ELMOSTAFA MCIHAT Signature, typed or printed name of registered agent and to pration is eligible to satisfy its Intangible	TET PRESIDE (NOTE: R	FEE IS \$150.00	equired when reinstating)	17-31 DATE		<b>0</b> May Be	
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 200 Make Check Payab				i iluət	Fund Contribution.		to Fees	
11. TITLE	OFFICERS AND DIF		12.	ADDITIONS/CI	HANGES TO OFFICERS ANI			(00
NAME STREET ADDRESS CITY-ST-ZIP	DDRESS 3951 S.W 1364 AVAIL		NAME STREET ADDRESS CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	-11/30/010			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senitary MCHATE A HAMID MCHATE A 3951 S.W. 1361 A MIRAMAR FL	Delete  Phus 33027	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition .	CR2E034 (11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street Address City-St-Zip		Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Chạnge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME. STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10\_3(\_6/ 78(\_33)\_9544 Date Daytime Phone #