FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 22, 2001 8:00 am Secretary of State DOCUMENT # P9800006339.1 tellumitechnologies, Inc. 05-22-2001 90061 030 \*\*\*150.00 Principal Place of Business 00056471 2. Principal Place of Business 3. Mailing Address P.U. Box 120 JEFFESON AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-085 City & State Applied For miani 1-101605 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33139 3301 MIAM - DADE MIAMI-PADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mario H. CASTILLO Street Address (P.O. Box Number is Not Acceptable) 120 JEHFRISM AVE 世 12003 Zip Code City MIAMI BEACH, FL 33139 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition TITLE MARIO H. CASTIlla NAME NAME 170 JEFFERSON AVE #12003 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33139 Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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: