2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000024830** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name NT SOLUTIONS, INC. 04-19-2000 90061 049 ***158.75 Principal Place of Business Mailing Address 4830 NORTHWEST 98TH PLACE 4830 NORTHWEST 98TH PLACE MIAMI FL 33178 MIAMI FL 33178-1928 3. Mailing Address 2. Principal Place of Business 9817-B Boca Gardens Circle N 9817-B Boca Gardens arcle N DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0904259 Bora Raton -Not Applicable Boca Raton Ountry U.S.A 33496 Country \$8.75 Additional 5. Certificate of Status Desired 33496 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** FL Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. OTERO, FRANCISCO X Change ☐ Addition **PSTD** TITLE X Delete TITLE 9817-B BOCA GARDENS CIRCLE N OTERO, FRANCISCO NAME NAME 4830 NORTHWEST 98TH PLACE STREET ADDRESS STREET ADDRESS BOCA RATON - FL - 3349 6 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33178 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete

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 air

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: __

NAME

STREET ADDRESS

CITY-ST-ZIP