2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000056883 Jun 08, 2000 8:00 am **Secretary of State** MICRO TOUCH SOLUTIONS, INC. 05-13-2000 90007 040 ***150.00 Mailing Address Principal Place of Business 13411 SW 17TH COURT 13411 SW 17TH COURT MIRAMAR FL 33027-3447 MIRAMAR FL 33027 3. Mailing Address 2. Principal Place of Business OOD NU 72 AVE 13411 Sw 17 Court DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 15/ 65-092916 1ir AM Ar Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 33027 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICARDO; CARLOS Street Address (P.O. Box Number is Not Acceptable) ---13411:SW-17TH:COURT-MIRAMAR FL 33027 Zip Code City 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!!LFEE 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change PTD ☐ Delete TITLE RICARDO, CARLOS NAME NAME STREET ADDRESS STREET ADORESS 13411 SW 17TH COURT CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Change ☐ Addition SVD ☐ Delete TITLE NAME RICARDO, AIDA STREET ADDRESS STREET ADDRESS 13411 SW 17TH COURT CITY-ST-ZIP: 13.1 CITY-ST-ZIP Miramar FL 33027 ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier antal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee approveded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee approveded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee approved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee approved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee approved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee approved to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustees. indicated on this report or supplemental report is true and of the corporation or the receiver outrustee empowered changed, or on an attachment with an addition and all of 305-4369096 SIGNATURE:

Daytime Phone #