2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062644 Aug 25, 2000 8:00 am Secretary of State STARGATE TECHNOLOGY PRODUCTS, INC. 08-25-2000 90006 005 ***150.00 Mailing Address Principal Place of Business P.O. BOX 524393 8587 NW 54 STREET MIAMI FL 33166 MIAMI FL 33152-4393 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0667760 Not Applicable Zip Country Zip \$8.75-Additional-5.=Gertificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERARNAU, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 8587 NW 54 STREET **MIAMI FL 33166** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Delete TITLE PERARNAU, FRANCISCO J NAME NAME 8587 NW 54 STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-CITY-ST-7IP-■ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PROPER NAME OF SIGNING OFFICER OR DIRECTOR

Date

Determine Proper of Director Date

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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 in 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 trusted 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.

IZE034 (5/00)

August 21, 2000

Florida Department of State Division of Corporations P.O. Box 1500 -Tallahassee, F1 32302-1500

Ref: Stargate Technology Products Inc. Document # P 99000062644

Dear Sir or Madame:

__The reason for this letter is that I received the attached Annual Report to be filed by September 13, 2000 with a fee of \$ 550.00

I was informed by the accountant when I delivered all documents for the year to him that I should have received a previous Annual Report that should have been filed before May of this year. I never received such report or it was apparently

The accountant called the Department of State on August 16, 2000 and explained the circumstances of my case including the fact that the Corporation was registered last year and that I live in Venezuela. He requested the favor of filing at the original fee and was instructed to sent the attached form with a check for \$ 150.00

I thank you for your consideration and assure you that it will not happen in future years.

Very truly yours,

Francisco J. Perarnau

President