2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900064559 Apr 28, 2000 08:00 AM **Secretary of State** MOBILE NET CENTRAL CORPORATION Principal Place of Business Mailing Address 3720 NORTH ROOSEVELT BOULEVARD POST OFFICE BOX 2126 KEY WEST FL KEY WEST FL 33040 33045 2. Principal Place of Business 3. Mailing Address 3720 NORTH ROOSEVELT BOULEVARD POST OFFICE BOX 2126 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For KEY WEST FL KEY WEST FL 65-0914882 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33040 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. VICTORIA MADEYA 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) P O BOX 2126 CORAL GABLES FL 33134 City Zip Code KEÝ WEST 33045 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. 04/28/2000 VICTORIA H. MADEYA SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SVD TITLE ☐ Change ☐ Detete ☐ Addition ESQUINALDO JOYCE NAME M STREET ADDRESS 3720 NORTH ROOSEVELT BOULEVARD STREET ADDRESS CITY-ST-ZIP KEY WEST FL33040 CITY-ST-ZIP TITLE PTD ☐ Delete TITLE ☐ Change ☐ Addition NAME VICTORIA H MADEYA NAME STREET ADDRESS 3720 NORTH ROOSEVELT BOILLEVARD STREET ADDRESS CITY-ST-ZIF KEY WEST FL. 33040 CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.