FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90053 022 ***150.00

DOCUMENT # P99000102549

1. Entity Name
Comtel Consultant, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16880 N.W. 81 Ave	16880 N.W. 81 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes FL.	City & State: Miami Lakes, FL.
Zip 33016 Country US	Zip 33016 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0965427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Marlen Martinez
Street Address (P.O. Box Number is Not Acceptable): 16880 N.W. 81 Avenue
City: Miami Lakes FL Zip Code 33016

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] Vice-President 04-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President • Treasurer	TITLE	
NAME	Marlen Martinez	NAME	
STREET ADDRESS	16880 N.W. 81 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes FL. 33016	CITY-ST-ZIP	
TITLE	Vice President • Secretary	TITLE	
NAME	Mario Rodriquez	NAME	
STREET ADDRESS	16880 N.W. 81 Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL. 33016	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Mario Rodriguez 04-26-02 305-827-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)