

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 005 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000080463
 1. Entity Name
ALCATEL, INC ✓



90113646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10880 Collins Ave
 Suite, Apt. #, etc. Suite 108

3. Mailing Address
10880 Collins Ave
 Suite, Apt. #, etc. Suite 108

DO NOT WRITE IN THIS SPACE

City & State Miami Beach FL City & State Miami Beach FL
 Zip 33154-1000 Country USA Zip 33154-1000 Country USA

4. FEI Number NONE Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
 Name Michael, W. K
 Street Address (P.O. Box Number is Not Acceptable)
400 Kingspoint Drive #315
 City Miami Beach FL Zip Code 33169

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 20 APRIL 2003

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>P</u>	TITLE	
NAME	<u>MICHAEL, W.K.</u>	NAME	
STREET ADDRESS	<u>400 KINGSPOINT DRIVE 315</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI FL 33169</u>	CITY-ST-ZIP	
TITLE	<u>S</u>	TITLE	
NAME	<u>NASAHIB, NADILA</u>	NAME	
STREET ADDRESS	<u>400 KINGSPOINT DRIVE #315</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI FL 33169</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE 20 APRIL 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)