2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 149706 May 23, 2000 8:00 am Secretary of State P. H. N. EQUIPMENT, INC. 05-23-2000 90256 034 ***150.00 Principal Place of Business Mailing Address 4190 N W 72 AVE 4190 N W 72 AVE MIAMI FL 33166 MIAMI FLA 33166-6840 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0559188 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILLIPS, FRED W. Street Address (P.O. Box Number is Not Acceptable) 4190 NW 72 AVE MIAMI FL 33166 Zip Code City FL 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 \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PHILLIPS, FRED W. NAME STREET ADDRESS STREET ADDRESS 4190 N.W. 72ND AVENUE CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete PHILLIPS, PAUL S. NAME NAME STREET ADDRESS STREET ADDRESS 4190 N.W. 72ND AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

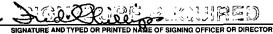
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP



☐ Delete

RED W. PHILLES

☐ Change

☐ Addition