2000 UNIFORM BUSINESS REPORT (UBR)

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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 12, 2000 8:00 am DOCUMENT # **F62025** 1. Entity Name **Secretary of State** FLORIDA BEARINGS, INC. 01-12-2000 90107 035 ***158.75 Principal Place of Business Mailing Address 3164 NORTH MIAMI AVENUE 3164 NORTH MIAMI AVENUE DRAWER 690 DRAWER 690 MIAMI FL 33127-3718 MIAMI FL 33127-3718 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. EEI Number Applied For City & State-City & State 59-2162983 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LA CRUZ, LUIS F. JR. Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE SUITE 805 **CORAL GABLES FL 33134** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE MARCHETTI, BRUCE NAME STREET ADDRESS STREET ADDRESS 1400 N W 100 WAY CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33322** ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME MARCHETTI, PATTI NAME STREET ADDRESS 1400 N W 100 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete TITLE Change ☐ Addition TITLE MARCHETTI, PATTI NAME NAME STREET ADDRESS 1400 N.W. 100 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME Electric Committee of STREET ADDRESS STREET ADDRÉSS' CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 reserver 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