

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90154 007 \*\*\*150.00

**DOCUMENT # G82460**

1. Entity Name  
**MIAMI INDUSTRIAL MOTOR, INC.**

Principal Place of Business Mailing Address  
**8252 NW 58TH ST. 8252 NW 58TH ST.**  
**MIAMI FL 33166 MIAMI FL 33166**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **59-2428073** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**GARCIA, ANA CAROLINA** Name  
**6720 S.W. 2ND STREET** Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI FL 33144** City **FL** Zip Code

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GARCIA, MARIO 6720 SW 2 ST MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GARCIA, ANA CAROLINA 6720 SW 2 ST MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Y.S. Ana Carolina Garcia* **1-25-02**  
 \_\_\_\_\_  
 DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_



DO NOT WRITE IN THIS SPACE

FILED

CR2E034 (9/01)