FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Aug 06, 2001 8:00 am Secretary of State DOCUMENT # H57632 1. Entity Name TRAILOCK TOOL & DIE CORP. 08-06-2001 90001 009 ***550.00 Principal Place of Business Mailing Address 8573 NORTHWEST 54TH SREET 8573 NORTHWEST 54TH SREET MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2556161 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRIETO, CARLOS F. Street Address (P.O. Box Number is Not Acceptable) 10750 SW 43RD STREET **MIAMI FL 33165** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRIETO, CARLOS F. NAME STREET ADDRESS 10750 SW 43RD STREET STREET ADDRESS CITY-ST-7IP MIAMI FL 33165 CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME PRIETO, VILMA E. STREET ADDRESS 10750 SW 43RD STREET STREET ADDRESS CITY-ST-7IP **MIAMI FL 33165** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PRIETO, CAROLYN NAME NAME STREET ADDRESS 13442 SW 43 LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-78 MIAMI FL 33175 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME PRIETO, ANTONIO NAME STREET ADDRESS STREET ADDRESS 10750 S.W. 43RD ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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