2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # L24912 SOUTH FLORIDA NEW HOLLAND EQUIPMENT CORP. 03-02-2001 90072 046 ***150.00 Principal Place of Business Mailing Address C/O THOMAS L DAVID PA C/O THOMAS L DAVID PA 1428 BRICKELL AVE 8TH FLOOR 1428 BRICKELL AVE 8TH FLOOR MIAM! FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEl Number 65-0152633 Not Applicable Zip Country 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 DAVID, THOMAS L. Street Address (P.O. Box Number is Not Acceptable) 1425 BRICKELL AVENUE, 8TH FLOOR **MIAMI FL 33131** 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 Addition TITLE Change TITLE ☐ Delete CARDENAL, JOSE V. NAME NAME 7705 SW 139 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP SD Change ☐ Delete ■ Addition TITLE TITLE NERET, MAURICIO NAME NAME 6000 RIVIERA DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE ☐ Delete TITLE Change HOLMANN, ERNESTO F NAME NAME 89 BAY HEIGHTS DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL TITLE ☐ Defete TITLE ☐ Change Addition FERNANDEZ, MARIA R NAME NAME 701 BRICKELL AVE STE 1550 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SOLORZANO, JAVIER NAME NAME STREET ADDRESS 9047 SW 67 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

CR2E034 (10/00