2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am M43936 DOCUMENT # Secretary of State 1. Entity Name PANTROPIC POWER PRODUCTS, INC. 03-06-2002 90045 021 ***150.00 Mailing Address Principal Place of Business 8205 N.W. 58TH STREET 8205 N.W. 58TH STREET MIAMI FL 33168 MIAMI FL 33166 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 59-2749643 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BOTAS, LUIS** Street Address (P.O. Box Number is Not Acceptable) 8205 N.W. 58TH STREET 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 (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 After May 1, 2002 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 11 ☐ Addition Change ☐ Delete TITLE TITLE **BOTAS, LUIS** NAME NAME 12725 SW 101 TERRACE STREET ADDRESS STREET ADDRESS MAIMI FL CITY-ST-ZIP CUTY-ST-ZIP ner Francish Officer | Sec TITLE ☐ Delete TITLE CABRERA, FERNANDO NAME NAME 1903 nw 137 tearace STREET ADDRESS 1761 SW 135 WAY STREET ADDRESS lembroke knes, El. 33028 CITY-ST-ZIP MIRAMAR FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

305-592-4944

Daytime Phone #

FILED