FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # P00000055412 1. Entity Name 01-31-2002 90110 001 ***150.00 APACHE IMPORTS, INC. 01-31-2002 90110 002 *****8.75 Principal Place of Business Mailing Address 10502 N. DIXON AVE 10502 N. DIXON AVE **TAMPA FL 33612** TAMP# FL 33612 2. Principal Place of Business 3. Mailing Address 0502 10302 N DIXON AUS DIXON Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3659522 tamor t AMpe Not Applicable 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 ALBANIL, SAUL Street Address (P.O. Box Number is Not Acceptable) 10502 N. DIXON AVE **TAMPA FL 33612** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 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 May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME albanil, saul STREET ADDRESS STREET ADDRESS 10502 N. DIXON AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 ☐ Addition TITLE - 🗀 Delete TITLE Change NAME ALBANIL, EVA NAME STREET ADDRESS STREET ADDRESS 10502 N. DIXON AVE CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33612 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ☐ Change ☐ Delete TITLE TITLE ☐ Addition 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 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

1-11-02

(8/3)3763928 Daytime Phone #