FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 16, 2002 8:00 am Secretary of State **DOCUMENT #** P01000056719 1. Entity Name 07-16-2002 90361 019 ***150.00 VERDE PUMPING SERVICE, CORP. Principal Place of Business Mailing Address 251 SW 62ND AVE 251 SW 62ND AVE MIAM! FL 33144 **MIAMI FL 33144** 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. FE! Number 65-1126010 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERDE, JAVIER Street Address (P.O. Box Number is Not Acceptable) 251 SW 62ND AVE MAMI FL 33144 City Zip Code

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9.—This corporation is eligible to satisfy its intangible-FILE NOW!!! FEE IS:\$550:00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ĎΡ ☐ Delete TITLE Change Addition NAME VERDE, JAVIER NAME STREET ADDRESS 251 SW 62ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. I am familiar with, and accept

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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

the obligations of registered agent.

☐ Delete

Applied For

Not Applicable

☐ Change

☐ Addition

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALALHASSEE, FL. 32302-1500

Affectment # PO100005

#P0100005719 12108

This letter is in reference to VERDE PUMPING SERVICE, INC.

I do swear that I never receiver the uniform business report until now so, please I am asking to waive the penalty.

Together with this notice I am sending you the fee of \$ 150.00 Thank you

JAVIER VERDE - PRESIDENT

STATE OF FLORIDA
COUNTY MIAMI-DADE

Sworn and subscribed before me this 11 day of JULY 2002.

RAFAEL SANCHEZ - NOTARY PUBLIC

