2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90046 011 ***150.00

DOCUMENT # P93000003613

1. Entity Name
FORKLIFT SALES & EXPORT, INC.

Principal Place of Business	Mailing Address
7750 NW 53RD ST MIAMI FL 33166 US	7750 NW 53RD ST MIAMI FL 33166-4102 US

JX - 4/11 --

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7785 NW 52nd St	7785 NW 52 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33166 Country: USA	Zip: 33 Country:

4. FEI Number 65-0384681 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROMERO, MARIA A
16918 NW 83 PLACE
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 19833 NW 87th Court
City: Hialeah FL Zip Code: 33018

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, MARIA A		NAME	Same
STREET ADDRESS	16918 NW 83RD PLACE		STREET ADDRESS	19833 N.W. 87th Ct.
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	Hialeah Fl. 33018
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, ORLANDO		NAME	Same
STREET ADDRESS	16918 NW 83RD PLACE		STREET ADDRESS	19833 N.W. 87th Court
CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP	Hialeah Fl. 33018
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	
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	

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] 4/4/00 305/513-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #