2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 323169 Apr 24, 2000 8:00 am Secretary of State HAR-LES TOOLS DIES & MACHINE COMPANY, INC 04-24-2000 90151 047 ***150.00 Mailing Address Principal Place of Business 4782 N.E. 11 AVENUE 4782 N.E. 11 AVENUE FT. LAUDERDALE FL 33334-3908 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1202000 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired __ | Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MACK, LOIS EULA Street Address (P.O. Box Number is Not Acceptable) 2000 SOUTH OCEAN BLVD., APT. 10N POMPANO BEACH FL 33062 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 12. 11. ☐ Change Addition Delete TITLE TITLE MACK, EMIL C. NAME NAME STREET ADDRESS STREET ADDRESS 2000 S. OCEAN BLVD. CITY-ST-7(P CITY-ST-ZIP POMPANO BEACH FL ☐ Addition Change D Delete TITLE NAME EULA, LOIS NAME 2000 S. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 the 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 it changed, or on an attachment with an address, with all other like empowered.

11 or Block 12 if