2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 398408 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name IDEAL LUMBER & HARDWARE, INC. 01-18-2000 90053 010 ***150.00 Principal Place of Business Mailing Address 1875 EAST 4TH AVENUE 1875 EAST 4TH AVE HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1390889 Not Applicable Zip Country 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 **LUIS** arango, roberto 752 E. 32ND-81. HIALEAHAFD 33013 its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named er SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE iname of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eliible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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, 12. Addition TITLE ☐ Delete TITLE NAME CRESPO, LUIS STREET ADDRESS STREET ADDRESS 13521 SW 6TH STREET PRESIDENT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITI E TITA E ARANGO, MARIA D. NAME NAME STREET ADDRESS STREET ADDRESS 752 E. 32ND STREET CITY-ST-ZIP CITY-ST-ZIF HIALEAH EL Change Addition TITLE VPT Delete TITLE NAME ARANGO, MANUEL NAME STREET ADDRESS STREET ADDRESS 752 E. 32ND ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition TITLE Delete TITLE ARANGO, ROBERTO NAME NAME STREET ADDRESS STREET ADDRESS 752 E 32ND ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE ☐ Delete TITLE **Change** Addition ALAIN CRESPO 13521 5W 6TH ST **ALAIN CRESPO** STREET ADDRESS STREET ADDRESS 13521 SW 6TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change Addition TITLE TITLE 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 of supplimental 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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

<u> MATURE REQUIRED</u>

Jul 15 2000 305 888 0/88

FACSIMILE TRANSMISSION

DOC#398408 / 19655

To:Florida Dept. of State Div. Of Corp	Date:08/10/00
Subject:	No. Pages incl. tis one:
Attn:	Fax No: ^c

We never have the first Notice that why we receive the second notice.

Thank you for your attention:

Luis Crespo President