2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 428619** 1. Entity Name ALLAPATTAH ELECTRIC MOTOR REPAIR, INC. 01-26-2001 90156 035 ***150.00 Principal Place of Business Mailing Address 1746 NW 21ST TERR 1746 NW 21ST TERR MIAMI FL 33142 MIAMI FL 33142-7437 y_u_5_3_1_6=___ US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1478317 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 Name BETANCOURT, JESUS Street Address (P.O. Box Number is Not Acceptable) 3020 SW 80 AVE MIAMI FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Ţ **BETACCOURT, JESUS** NAME NAME STREET ADDRESS 3020 S.W. 80 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BETANCOURT, MIGUEL NAME NAME 1840 S.W. 75 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BETANCOURT, CARLOS NAME NAME 1300 S W 86 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 attachprent with an address, with all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR