

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90013 008 \*\*\*150.00

DOCUMENT # **477266** ✓

1. Entity Name

**MATERIAL HANDLING SYSTEM INTERNATIONAL**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**990 NE 125th**

3. Mailing Address  
**PO BOX 015472**

230 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NORTH MIAMI / FLA.**

City & State  
**MIAMI-FLA.**

4. FEI Number **65-1039203**

Applied For

Not Applicable

Zip  
**33161**

Country  
**USA**

Zip  
**33101**

Country  
**USA USA**

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

7. Name and Address of Current Registered Agent

Name **ARCENIO JIMENEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**990 NE 125th St. Suite 230**

City **NORTH MIAMI** **FL** Zip Code **33161**

**DO NOT WRITE  
IN THIS SPACE**

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)

**04/22/02**  
DATE

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE **PRESIDENT/DIRECTOR**  
NAME **ARCENIO JIMENEZ**  
STREET ADDRESS **990 NE 125th St. Suite 230**  
CITY-ST-ZIP **North Miami Fla. 33161**

TITLE **TREASURER/DIRECTOR**  
NAME **JUANA VILLAGRAN**  
STREET ADDRESS **990 NE 125th St. Suite 230**  
CITY-ST-ZIP **North Miami- Fla. 33161**

TITLE **SECRETARY**  
NAME **GERRY ARAUZ**  
STREET ADDRESS **990 NE 125th St. Suite 230**  
CITY-ST-ZIP **North Miami-Fla. 33161**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/22/02**  
Date

Daytime Phone #

CR2E034B (12/01)

(305) 937-0865