## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Jan 12, 2000 8:00 am Secretary of State **DOCUMENT # 564165** 01-12-2000 90068 002 \*\*\*158.75 ROLY CLAMPS CORP. Principal Place of Business Mailing Address 2230 N.W. 8TH AVENUE =: N.W. 8TH AVENUE MIAMI FL 33127-4266 FL 33127-4266 3. Mailing Address 2. Principal Place of Business DO NOT, WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1786186 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AnresA MANRESA, FELIX P.O. Box Number 520 EST 58 STREET 1211 N.E. 81ST TERRACE MIAMI FL 33138 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 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, 2000 Fee will be \$550.00 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. ☐ Addition Change ☐ Delete TITLE NAME MANRESA, ROSALINA NAME STREET ADDRESS 1211 N.E. 81ST TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change Addition TITLE Delete TITLE NAME MAYRA, PINO STREET ADDRESS STREET ADDRESS **7845 W 4TH LANE** CITY-ST-ZIP CITY-ST-ZÍP HIALEAH FL ☐ Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 煮 ☐ Change; ☐ Addition ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/08

Daytime Phone #