2003 FOR PROFIT CORPORATION

Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** 823749 **DOCUMENT#** 01-27-2003 90233 027 ***150.00 1. Entity Name BLAIR BEARINGS, INC. Principal Place of Business Mailing Address 12155 S.W. 114TH PLACE 12155 S.W. 114TH PLACE P. O. BOX 186 P. O. BOX 186 MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 36-2419271 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 BLAIR, BERNARD W. Street Address (P.O. Box Number is Not Acceptable) 9735 NE 52ND ST #421 **MIAMI FL 33178** City Zip Code 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. (am familiar with, and accept 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLAIR, BERNARD W. NAME NAME 12155 S.W. 114TH PLACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition NAME BLAIR, LOUIS C. NAME STREET ADDRESS 12155 S.W. 114TH PL. STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE Delete - The Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition 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-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BEQUIRBANARD W. BLAIR 424/03

☐ Delete

Change

☐ Addition

FILED