2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 04, 2001 08:00 AM DOCUMENT # F0000004036 1. Entity Name **Secretary of State** ALL PHASE ENVIRONMENTAL, INC. Principal Place of Business Mailing Address 215 N. FEDERAL HWY, STE 6A 215 N. FEDERAL HWY, STE 6A BOCA RATON FL BOCA RATON FL 334323935 334323935 2. Principal Place of Business 3. Mailing Address 215 N. FEDERAL HWY 215 N. FEDERAL HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 6A SUITE 6A City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON 22-3003234 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 334323935 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINS CARLOS MARTINS CARLOS 215 N. FEDERAL HWY, STE 6A Street Address (P.O. Box Number is Not Acceptable) 215 N. FEDERAL HWY BOCA RATON FLSUITE 6A 334323935 US City Zip Code BOCA RATON 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. 09/04/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 \STD TITLE CR2E034 (11/00) ☐ Delete TITLE X Change ☐ Addition MAME MARTINS CARLOS NAME MARTINS CARLOS 215 N FEDERAL HWY STE 6A STREET ADDRESS 215 N FEDERAL HWY STE 6A STREET ADDRESS CITY-ST-ZIP BOCA RATON \mathbf{FL} CITY-ST-ZIP BOCA RATON ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 attachment with an address, with all other like empowered. SIGNATURE: _ Carlos Martíns 09/04/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR