2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # F17258** 1. Entity Name PINTO ELECTRIC, INC. 04-25-2001 90010 030 ***150.00 Principal Place of Business Mailing Address 4201 S.W. 72ND AVENUE 4201 S.W. 72ND AVENUE MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address <u>7140 SW 42nd ST</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2057525 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sergio PINTO, SERGIO Street Address (P.O. Box Number is Not Acceptable) 4201 SW 72ND AVENUE **MIAMI FL 33155** Zip Code 33/55 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) DATE 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS ☐ Addition TITLE ☐ Delete TITLE PINTO, SERGIO NAME NAME 7140 SW 42nd ST STREET ADDRESS 4201 SW 72ND AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** Delete TITLE Change Addition TITLE PINTO, SERGIO LAZARO NAME NAME 7140 SW 42nd ST STREET ADDRESS STREET ADDRESS 4201 SW 72ND AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete 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-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pinto

4/19/01

(305) 665-0836

Daytime Phone #