2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # K23569 May 16, 2000 8:00 am 1. Entity Name Secretary of State ATRIM MANUFACTURING INC. 05-16-2000 90026 021 ***150.00 Mailing Address Principal Place of Business % EMILIO RIZO. JR. % EMILIO RIZO. JR. 19410 SW 50 ST 10410 GW 50 GT --11825 S.W. 46 11825 S.W. 46 MIAMI FL 33175 5208 MIAMI FL 33175 ST St. MIAMI, FL 33175 <u>MIAMI. FL 3317</u>5 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 65-0049659 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIZO, EMILIO JR. Street Address (P.O. Box Number is Not Acceptable) 11825 S. W. 46 St -13410 SW 50 ST MIAMI, FL 33175 **MIAMI FL-93175** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTD TITLE ☐ Change ☐ Addition ☐ Delete TITLE RIZO. EMILIO JR. NAME NAME STREET ADDRESS STREET ADDRESS 13410 S.W. 50TH STREET 11825 S,W. 46 St CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** MIAMI. FL_33175 ☐ Addition ☐ Change ☐ Delete TITLE RIZO, ISABEL NAME STREET ADDRESS STREET ADDRESS 13410 S.W. 50TH STREET 11825 S.W. 46 St CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33175** MIAMI, FL 33175 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 supplied ental 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 trusted 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.