2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # K98369** 1. Entity Name READY A/C SHEETMETAL CORP. 01-24-2000 90007 017 ***158.75 Principal Place of Business Mailing Address 8500 NW 61ST ST 8500 NW 61ST ST MIAMI FL 33166-3309 MIAMI FL 33166 C0009434 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0132004 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 Name BLANCO, OSCAR Street Address (P.O. Box Number is Not Acceptable) 3047 S.W. 19TH TERRACE MIAMI FL 33145 Zip Code City Fl 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TIT! F PVD ☐ Delete TITLE □ Change Addition **BLANCO, OSCAR** NAME NAME STREET ADDRESS STREET ADDRESS 3047 S.W. 19TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** ☐ Change Addition ☐ Delete 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-ZIF ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Dølete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information supplied with this filling ocurre and that my signature shall have the same legal effect execute this report as required by Chapter 607, Florida Statuty as if made inder oath; that I am an officer or director, and that my name appears in Block 11 or Block 12 is

SIGNATURE:

indicated on this report or suppler

of the corporation or the received changed, or on an attachme

ny name appears in Block 11 or Block 12 if