## 2007 UNIFORM BUSINESS REPORT (UBR)

## Apr 19, 2001 8:00 am Secretary of State DOCUMENT # L24252 U.S. ELEVATOR TRADING COMPANY 04-19-2001 90325 004 \*\*\*150.00 Principal Place of Business Mailing Address 9162 NW 148TH ST 9162 N W 148TH ST MIAMI FL 93018 US MIAMI FL 33018 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0151321 MIAMI Not Applicable \$8.75 Additional 33018 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .... GUTIERREZ, HECTOR H. Street Address (P.O. Box Number is Not Acceptable) 9162 NW 148TH ST MIAMI FL 33018 --33018 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change Change ☐ Addition ☐ Delete TITLE NAME GUTIERREZ, HECTOR H. NAME MIAMI LAKES. FL 33018 CB45 WILLOW WOOD DEINE - Apr 3035 BOCA RATON FL 33 434 STREET ADDRESS STREET ADDRESS 9162 NW 148TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ---☐ Delete TITLE SERRANO, R. JULIAN NAME STREET ADDRESS STREET ADDRESS 5000 N OCEAN BLVD APT-712 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that! 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 advisess, with all other like empowered.

SIGNATURE:

PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/17/2001 305-557 7809

Daytime Phone #