## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## FILED May 10, 2000 8:00 am Secretary of State **DOCUMENT # L24259** 1. Entity Name FALCON AUTOMOTIVE REMANUFACTURING COMPANY 05-10-2000 90100 041 \*\*\*150 00 Principal Place of Business Mailing Address % JOSE PALOMO % JOSE PALOMO 5880 S.W. 17 ST. 5880 S.W. 17 ST. MIAMI FL 33155-2121 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0152876 Not Applicable Country Zip \$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 PALOMO, JOSE Street Address (P.O. Box Number is Not Acceptable) 5880 S.W. 17TH STREET **MIAMI FL 33155** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ☐ Change ☐ Addition DP ☐ Delete TITLE TITLE PALOMO, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 5880 S.W. 17 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Delete ☐ Change TITLE ALVAREZ, MAGGIE NAME STREET ADDRESS STREET ADDRESS 5880 S.W. 17 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 13. I hereby certify that the information supplied with the 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 poorts frue 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporatio