2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State M15793 DOCUMENT # 1. Entity Name 04-18-2002 90460 028 ***150 HIALEAH PLATING SHOP INC. Principal Place of Business Mailing Address 1640 WEST 33 PLACE 1640 WEST 33 PLACE HIALEAH FL 33012 HIALEAH FL 33012 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 59-2537677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, NELSIDO 525 WEST 40 PLACE HIALEAH FL 33012 ŝ 33012 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 Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Vice TITLE Daranio NAME HÉRNANDEZ, NELSIDO Romulo NAME STREET ADDRESS 525 WEST 40 PLACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE STD ☐ Defete TITLE ☐ Addition NAME HERNANDEZ, MIRTHA Hermandez NAME 525 W STREET ADDRESS 525 WEST 40 PLACE STREET ADDRESS Lale al CITY-ST-7IP HIALEAH FL CITY-ST-ZIP TITLE Delete · · · -TITLE. NAME NAME STREET ADDRESS STREET ADDRESS 539D CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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 eppowered.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED