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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Mar 21, 2001 8:00 am **DOCUMENT # M64062** Secretary of State GENERAL LIGHTING DISTRIBUTOR CO. CORP. 03-21-2001 90026 013 ***150.00 Principal Place of Business Mailing Address 4600-A N. POWERLINE RD 1221 N.W. 102 WAY 935388 POMPANO BCH FL 33073 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address powertine Ro 4600 N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0021950 om PANO BEACH Not Applicable Zip Country B Ronspa 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 Aurelio ESTELA ESTELA, AURELIO Street Address (P.O. Box Number is Not Acceptable) 1221 N.W. 102 WAY CORAL GABLES FL 33071 Zip Code 33673 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Change TITLE ☐ Delete ESTELA, AURELIO NAME NAME STREET ADDRESS 1221 N.W. 102 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition ☐ Change ☐ Delete TITI F TITLE MAGDA, ESTELA NAME NAME STREET ADDRESS STREET ADDRESS 1221 N.W. 102 WAY CITY-ST-7IP CITY-ST-7IP CORAL SPRINGS FL ☐ Addition ☐ Defete TITLE . . [Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition 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 ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information tental report is thus and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or su mental report is to or trustee empoy of the corporation or the rece vall other like empowered. changed, or on an attachme address, w