FILED

04-04-2001 (561) 588-7107 Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED

Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # M91641** TOWER ELECTRIC CORP. 04-09-2001 90061 048 ***158.75 Principal Place of Business Mailing Address 6846 HIGH RIDGE ROAD 6846 HIGH RIDGE ROAD E0043252 LANTANA FL 33462 LANTANA FL 33462 3. Mailing Address 6846 HIGH RIDGE RO 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0067825 Not Applicable LANTANA \$8.75 Additional - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAPEL, LEONARDO Street Address (P.O. Box Number is Not Acceptable) 6846 HIGH RIDGE RD APT. A. -- (*) ---LANTANA FL 33462 City Zio Code 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Change ■ Addition ☐ Delete TITLE CHAPEL, LEONARDO NAME NAME 6846 HIGH RIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-7IP ☐ Chance ☐ Delete TITLE CHAPEL, DIGNA NAME NAME STREET ADDRESS 6846 HIGH RIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTA, FL 33462 Change ☐ Addition TITLE ☐ Delete TITI F CHAPEL, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 6102 WEST FOLD CITY-ST-ZIP CITY-ST-ZIP lake worth, fl 33462 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 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 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 empowered.

SIGNING OFFICER OF DIRECTOR