2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P0000000168 DISCOUNT LIGHTING & SUPPLIES, INC. 02-05-2001 90119 032 ***150.00 Principal Place of Business Mailing Address 14525 SOUTHWEST 175TH STREET 14525 SOUTHWEST 175TH STREET MIAMI FL 33177 MIAMI FL 33177 C0017718 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. FÉI Number Applied For 65-0969862 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 Name GARCIA SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE -175-STREE-7 - Coral Gables FL-33134 City As Am/ 8. The above named e itity 🗫 mits thin tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE GARCIA CAPLAS and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE S \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD Change ☐ Addition TITLE ☐ Delete TITLE GARCIA, CARLOS J NAME NAME STREET ADDRESS 14525 SOUTHWEST 175TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME GARCIA, FERNANDO A NAME STREET ADDRESS 14525 SOUTHWEST 175TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 Change ☐ Addition TITLE Delete TITLE GARCIA, ALEXANDER NAME NAME 14525 SOUTHWEST 175TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21E MIAMI:FL:33177 Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ 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 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-30-6/ (305)25/