FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0000038056 1. Entity Name INDULATEX TRADE COMPANY				Secre	Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90463 049 ***150.00		
			·	y			
Principal Pla	ce of Business	Mailing Address		_			
9292 NW 101 STREET MEDLEY FL 33178		9292 NW 101 STREET MEDLEY FL 33178					
				I HERITER IN DRIN BRIN TR		1 111 1 1 111 1 11 1	
2. Principal I	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 65-0999714 Applied For Not Applied For		• •	
Zip	Country	Zip	Country	5. Certificate of Status Desir	¢9.75	Iditional	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of N		30	
	ANDREW ESQ. DADELAND BLVD.			SS (P.O. Box Number is Not Accep	table)	:	
SUITE 603		929		92 NW 10	151.		
MIAMI FL 33156			City M.	'em '	FL Zip Coo	الع الع	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002	Registered Agent signature req FEE IS \$150.00 2 Fee will be \$550.0	uired when reinstating) 10. Election Campaig Trust Fund Contri	DATE \$5.0	00 May Be	
11.	OFFICERS AND D	Make Check Payable	to Department of t		OFFICERS AND DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CERVANTES, LUIS M 9292 NW 101 STREET MEDLEY FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.00/110/10/07/07/07/07/07	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP	DV CERVANTES, LUIS A 9292 NW 101 STREET MEDLEY FL 33178	☐ Delete	TITLE NAME STREET ADDRESS ÇITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CERVANTES, CLAUDIA P 9292 NW 101 STREET MEDLEY FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RIOS VASQUEZ, MARIA A 9292 NW 101 STREET MEDLEY FL 33178	Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EEVantes, L 292 NW 1015t Sami #4 331	Uis & □ Change → Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or justee empower, or on an attachment with an address	rue and accurate and that my rered to execute this report as	cionatura chall have th	ha cama lagal affect as if made un	dar anth: that I am an officer	or director	