FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Feb 19, 2003 8:00 am Secretary of State DOCUMENT # P00000048253 1. Entity Name 02-19-2003 90009 008 ***150.00 L.M. ELECTRIC SUPPLIES CORPORATION Principal Place of Business Mailing Address 5543 NW 72ND AVE. 5543 NW 72ND AVE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1019187 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREYRA, SONIA Street Address (P.O. Box Number is Not Acceptable) 5543 NW 72ND AVE. MIAMI FL 33166 City Zip 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MATA, LIZARDO A NAME 5543 NW 72ND AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME BURGOS, GRECIA E Addition NAME STREET ADDRESS 5543 NW 72ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition MATA, LIZARDO J NAME STREET ADDRESS 5543 NW 72ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. 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 preport 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 10 or Block 11 if SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF