## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 03, 2002 8:00 am Secretary of State **DOCUMENT #** P00000076960 1. Entity Name HF METAL WORKS, INC. 05-03-2002 90016 049 \*\*\*150 00 Principal Place of Business Mailing Address 2467 NW 76 STREET 2456 NW 77 TERRACE MIAMI FL 33147 MIAMI FL 33147 215 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. FEI Number Applied For 65-1031847 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 PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. **SUITE #240** CORAL GABLES FL 33134 City Zin 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, 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) SALCEDO, ISABEL ☐ Change ☐ Addition NAME NAME STREET ADDRESS 2467 N.W. 76TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP TITLE **VPSD** ☐ Delete TITLE ☐ Change Addition NAME PEREZ, PATRICIA M NAME 2467 N.W. 76TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐-Change Addition 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

13. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR