FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 22, 2002 8:00 am P00000083739 DOCUMENT # **Secretary of State** 1. Entity Name 03-22-2002 90030 025 ***150.00 ALLIANCE EQUIPMENT DISTRIBUTORS, INC. Principal Place of Business Mailing Address 2400 W. CYPRESS CRECH RD 🔨 838 NW 42ND PLACE STE 100 POMPANO BEACH FL 33064 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 27/7 W. Cypress Creek Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-1037934 -Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ARNALDO Street Address (P.O. Box Number is Not Acceptable) 838 NW 42ND PLACE POMPANO BEACH FL 33064 Zip Code City 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 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PUTS TITLE ☐ Delete TITLE Change Addition CR2E034 (9/01 Hernandez, Arnaldo HERNANDEZ, ARNALDO NAME NAME 838 NW 42 nd Place 838 NW 42ND PLACE STREET ADDRESS STREET ADDRESS Pompano Beach, PC 33064 POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE **D**elete TITLE Change Addition NAME TAMBOER, CORNELIUS NAME STREET ADDRESS |505 NAVAMAR ST., CERRO LAS MESAS STREET ADDRESS MAYAGUEZ PR 00680 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition DEL RIO, HECTOR L NAME NAME 5 LUIS DE CELIS ST., URB. HOSTOS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAYAGUEZ PR 00680 TITLE Delete TITLE ☐ Change Addition HERNANDEZ, ARNALDO A NAME NAME 12206 W. SAMPLE RD. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change 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 improvered.