2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P00000099351 1. Entity Name 04-26-2001 90151 002 ***150.00 ARELLANO MACHINERY CORP. Principal Place of Business Mailing Address 2637 W. 76 STREET 2637 W. 76 STREET HIALEAH FL 33016 HIALEAH FL 33016 3. Mailing Address 2. Principa! Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-1051097 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARELLANO, CESAR G Street Address (P.O. Box Number is Not Acceptable) 2637 W. 76 STREET HIALEAH FL 33016 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. SIGNATURE Signature, typed or printed harve of rog/s/lened agent, and title if opplicable. (NOTE: Registered Agent signatura required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Change ☐ Addition CR2E034 (10/00) n ☐ Deletê TITLE NAME NAME ARELLANO, CESAR G STREET ADDRESS STREET ADDRESS 2637 W. 76 STREET CITY-ST-ZIP CITY-ST-7:P HIALEAH FL 33016 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition 300.5 ☐ Delete filte NAME NAME STREET ADDRESS STREET ADURESS CHY-ST-ZIP CITY-ST-7:P ☐ Change ☐ Addition ☐ Delete MILE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP COY-ST-ZIP TITLE Delete TITE F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:F 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 logal affect as if made under eath; 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.

CESAR G. ARELLAND

305-828-494A

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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