2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2002 8:00 am DOCUMENT # P00000099595 **Secretary of State** 1. Entity Name MGM AIR & OIL INDUSTRIES, INC. 03-14-2002 90304 017 ***158.75 Principal Place of Business Mailing Address 1405 MAJESTY TERRACE 1405 MAJESTY TERRACE DAMAGAGA WESTON FL 33327 WESTON FL 33327 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1049234 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 1405 MAJESTY TERRACE WESTON FL 33327 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)Addition Change | ☐ Delete TITLE TITI F MARTINEZ, MIGUEL NAME NAME CR2E034 1725 MAIN STREET #213 STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE MARTINEZ, GEOVANNA NAME NAME 1725 MAIN STREET #213 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 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 empowered.

FILED