FILED Mar 11, 2002 8:00 am 3 Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000105606 1. Entity Name 03-11-2002 90081 005 ***150.00 ALL AMERICAN FORKLIFT, CORP. Principal Place of Business Mailing Address 9811 NW 80 AVE 9811 NW 80 AVE HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 Principal Place of Business 3. Mailing Address 9810 NW 8 DNW 80 AVE Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number & State Applied For 65-1056938 Not Applicable \$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 **GUERRA, DAVID** 9811 NW 80 AVE SUITE 7L CK#1117 HIALEAH GARDENS FL 33016 8. The above named entity submits this state for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ■ Change **GUERRA, DAVID** NAME NAME Guerra David 1810 NW80AVE STREET ADDRESS 9811 NW 80 AVE, #7L STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE 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 DITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 applicance of the corporation of the co

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: