Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P000001091.14 1. Entity Name E&P EQUIPMENT AND PARTS CORPORATION OF AMERICA 04-13-2001 90079 035 ***150.00 Principal Place of Business Mailing Address 536 BILTMORE WAY 536 BILTMORE WAY CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 2955 ടധ 2955 5W Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE # 103 #103 City & State City & State 4. FEI Number Applied For 65-1059609 am Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 33 135 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent *Name CUEVAS, ANDREW ESQ Street Address (P.O. Box Number is Not Acceptable) 536 BILTMORE WAY CORAL GABLES FL 33134 City Zip Code tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named (NOTE: Registered Agent signature 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **T** 90. TITLE Change Addition Delete TITLE DPST Fajardo Uswaldo NAME 6 vërrem NAME GUERRERO FAJARDO, OSWALDO STREET ADDRESS 2955 SW STREET ADDRESS 536 BILTMORE WAY CITY-ST-ZIP CITY-ST-ZIP Miami FL CORAL GABLES FL 33134 Change ☐ Addition TITLE Delete TITLE Yuribeth Gonzalez Novoa NAME NAME JULICT FORERO AYA, ARIS STREET ADDRESS **≠**103 STREET ADDRESS 536 BILTMORE WAY CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☐ Addition TITLE ____.Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 indicated on this report or supplemental report is true the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if s not qualify yrate and th of the corporation of changed for on an affectment With an address

ICER OR DIRECTOR