FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90067 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010056

1. Entity Name
SPECIALIZED CRANES AND PARTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13611 DEERING BAY DR Suite, Apt. #, etc.	13611 DEERING BAY DR Suite, Apt. #, etc.
City & State: CORAL GABLES	City & State: CORAL GABLES
Zip: 33158 Country: MIAMI-DADE	Zip: 33158 Country: MIAMI DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1082405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ESCANDAR A GUZMAN

Street Address (P.O. Box Number is Not Acceptable):
13611 DEERING BAY DR

City: CORAL GABLES FL Zip Code: 33158

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: X
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

January 1 - May 1, Fee is $150.00
After May 1, Fee is $300.00
Amended, Fee is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUZMAN, ANA MARIA
STREET ADDRESS	13611 DEERING BAY DR
CITY-ST-ZIP	CORAL GABLES FL 33158
TITLE	SD
NAME	GUZMAN, ESCANDAR A
STREET ADDRESS	13611 DEERING BAY DR
CITY-ST-ZIP	CORAL GABLES FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all blanks like appowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 26 2002 02:50PM P1