

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90670 015 \*\*\*150.00

**DOCUMENT # P01000032921****1. Entity Name**  
**TURBINES MECHANICS AND ACCESSORIES, INC.****Principal Place of Business**  
**14572 SW 142 TERRACE**  
**MIAMI FL 33186****Mailing Address**  
**14572 SW 142 TERRACE**  
**MIAMI FL 33186****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-1101110**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****CORDERO, ROSA**  
**14233 SW 146 AVENUE**  
**MIAMI FL 33186****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9.** This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 ☐ Delete  
**NAME** MARQUEZ, MARIA  
**STREET ADDRESS** 14572 SW 142 TERRACE  
**CITY-ST-ZIP** MIAMI FL 33186**TITLE** VPD ☐ Delete  
**NAME** BLANQUICET, LUIS  
**STREET ADDRESS** 14572 SW 142 TERRACE  
**CITY-ST-ZIP** MIAMI FL 33186**TITLE** TD ☐ Delete  
**NAME** BLANQUICET, FRANCISCO  
**STREET ADDRESS** 14572 SW 142 TERRACE  
**CITY-ST-ZIP** MIAMI FL 33186**TITLE** SD ☐ Delete  
**NAME** MARQUEZ, MARIA  
**STREET ADDRESS** 14572 SW 142 TERRACE  
**CITY-ST-ZIP** MIAMI FL 33186**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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.**SIGNATURE:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR04-23-02 (305) 2356747  
Date Daytime Phone #

CR2E034 (9/01)