FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am[§] Secretary of State DOCUMENT # P01000068154 05-20-2002 90259 027 ***150.00 TURBINE SUPPORT INTERNATIONAL, INC. Principal Place of Business Mailing Address 80 SW 8TH STREET #2803 80 SW 8TH STREET #2803 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address 36 51 6355 NW 6355 NW 36 ST DO NOT WRITE IN THIS SPACE Apt. #, etc Suite, Apt. #, etc 604 604 4. FEI Number Applied For y & State & State ODIDA Not Applicable RIDA /I lami \$8.75 Additional Countre 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANAL, OMAR B Street Address (P.O. Box Number is Not Acceptable) 3333 HALISSEE STREET COCONUT GROVE FL 33133 hed entity summits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nai SIGNATURE (NOTE: Registered Agent signature required when reinstating) e, typed or printed name degistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Г Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PRESIDEM ☐ Delete TITLE TITLE OMAR BOTERO CANAL 6355 NN 36 to St, Ste 604 NAME NAME STREET ADDRESS STREET ADDRESS PL 33/66 CITY-ST-ZIP CITY-ST-ZIP ☐ Change & Secretary Addition TITLE TITLE ☐ Delete MAURICIO BOTÉRO-PARAMO NAME NAME 6355 NW 36 St., SAC 604 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33/66 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE