05-03-2004 91052 003 ***300.00
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FILED

04 MAY 20 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

44043998

REINSTATEMENT 03-04

2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000057606

1. Entity Name
Imperial Lift, Inc.

DO NOT WRITE IN THIS SPACE

07/17/03 90038 050 8.75
DO NOT WRITE IN THIS SPACE
04/24/03 01069 001 $150.00

2. Principal Place of Business	3. Mailing Address
8000 N.W. 37th Ave.	2500 W. 78th St.
Suite, Apt. #, etc. Bay #9	Suite, Apt. #, etc. Bay 8
City & State Miami, FL 33147	City & State Hialeah, FL 33016
Zip / Country	Zip / Country

4. FEI Number 38-3651832 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Rosa, Maria E R
Street Address (P.O. Box Number is Not Acceptable) 2500 W. 78th St., Bay 8
City Hialeah FL Zip Code 33016

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 Maria E Rivera
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR 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	Rosa, Maria E R
STREET ADDRESS	2500 W. 78th St., Bay 8
CITY-ST-ZIP	Hialeah, Florida 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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5/20

CR2E034B (12/01)

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 other like empowered.

SIGNATURE: Maria E Rivera 4-30-04 305-479-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #