

2004

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

**FILED  
May 10, 2004 8:00 am  
Secretary of State**

05-10-2004 90484 046 \*\*\*158.75

**DOCUMENT #** P03000042261

1. Entity Name

F. &amp; P. Machine Shop Corp.

**DO NOT WRITE IN THIS SPACE**

24074255

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1701 N.W. 27th Ave.

Suite, Apt. #, etc.

Suite 3

City &amp; State

Miami, FL

Zip

33125-1273

Country

USA

3. Mailing Address

1701 N.W. 27th Ave.

Suite, Apt. #, etc.

Suite 3

City &amp; State

Miami, FL

Zip

33125-1273

Country

USA

4. FEI Number

31-1822902

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

Olivera, Patricia M.

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

1701 N.W. 27th Ave.

Apt. 3

City

Miami

FL

Zip Code

33125

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	Veliz, Fernando H.
STREET ADDRESS	1701 N.W. 27th Ave., Apt. 3
CITY - ST - ZIP	Miami, FL 33125

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	D/S/T
NAME	Olivera, Patricia M.
STREET ADDRESS	1701 N.W. 27th Ave., Apt. 3
CITY - ST - ZIP	Miami, FL 33125

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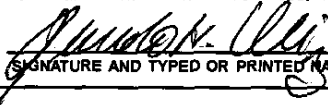
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CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



Fernando H. Veliz

305-634-7532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #