FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State DOCUMENT # P16529 1. Entity Name 09-17-2002 90105 040 ***150.00 GATOR INDUSTRIES, INC. Mailing Address Principal Place of Business 1000 SE 8TH STREET 1000 SE 8TH STREET HIALEAH FL 33010 HIALEAH FL 33010 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0007545 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VELEZ, ARNALDO Street Address (P.O. Box Number is Not Acceptable) 255 UNIVERSITY DR COFAL GABLES FL 33134 City Zin 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. 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 FILE NOW!!! FEE IS \$550.00 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 September 13, 2002 Fee will be \$750.00 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 11. ☐ Addition ☐ Delete TITLE ☐ Channe TITLE MIRANDA, GUILLERMO M. NAME NAME 1000 S.E. 8 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition Change **VSDT** TITLE TITLE ☐ Delete NAME MIRANDA, JOSE J. NAME STREET ADDRESS STREET ADDRESS 1000 S.E. 8 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition TITLE Delete TITLE NAME PEREZ, ROLANDO A STREET ADDRESS STREET ADDRESS 1000 S.E. 8TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MENDOZA, VICTOR NAME STREET ADDRESS STREET ADDRESS 1000 S.E. 8TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

AHachment

872411 #P16529

TO DEPT OF STATE

TO DEPT OF STATE

ORIGINALLY MALCOD ON

3/50/07 HAS NOT

CLEARSY BANK. COPY OF

CHECK + FARM BUXLOSED.

PLS - FORGIVE - PONDATAY.

THANK YOU

Ç

	MENT # P1652	 	RT (UB	R)	Affachm	ent	
DOCU 1. Entity Na GATOR I			Affachm 8724	011			
O/ (O/)	111000111120; 1110				1 8+ 29	, t	
Principal Place of Business 1000 SE 8TH STREET HIALEAH FL 33010 US		Mailing Address 1000 SE 8TH STREET HIALEAH FL 33010 US					
2. Principal Place of Business		3. Mailing Address				ya sana ana ana ang ana ga s	
Suite, Apt. #, etc.		- Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 65-0007545 Applied For Not Applied For		Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 A	dditional
	= = 6Name and Address of Current F	Registered Agent	Name		- 7. Name and Address of New Reg	istered Agent -	
VELEZ, A	RNALDO ÆRSITY DR		Street A	Street Address (P.O. Box Number is Not Acceptable)			
	SABLES FL 33134			÷ :			
\$,	City			FL Zip Co	ode
Tax filing (See crite	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1/200 U/Make Check Payab	2 Fee will be \$! le to Departmen	00 550.00	10. Election Campaign Finance Trust Fund Contribution.	□ Add	.00 May Be ed to Fees
TITLE	OFFICERS AND E	Delete	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP .	MIRANDA, GUILLERMO M. 1000 S.E. 8 STREET HIALEAH FL		NAME STREET ADDRESS CITY-ST-ZIP		• · · 4		
TITLE NAME STREET ADDRESS CKTY-ST-ZIP	VSDT MIRANDA, JOSE J. 1000 S.E. 8 STREET HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	PEREZ, ROLANDO A 1000 S.E. 8TH STREET HIALEAH FL 33010	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	`		Change	Addition `
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, VICTOR 1000 S.E. 8TH STREET HIALEAH FL 33010	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	. Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition
indicated of the cord	pertify that the information supplied with the on this report or supplemental report is to coration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	v signature shall h	ave the sa	ame legal effect as if made under oath	; that I am an office	er or director
NONIAT	URE:	ATTED UTO	77				

AHachment 878411 # P16529

