

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077498

1. Entity Name

RESA MACHINERY AND SUPPLIES TRADING INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90173 035 ***150.00

Principal Place of Business

Mailing Address

7478 N W 8TH STREET
MIAMI FL 33126
US

7478 N W 8TH STREET
MIAMI FL 33126-2913
US

2. Principal Place of Business

7478 N.W. 8TH STREET

3. Mailing Address

7478 NW 8th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL 3

City & State

MIAMI FL

4. FEI Number

65-0549886

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PAREDES, RENE
7478 N W 8TH STREET
MIAMI FL 33126

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: ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS PAREDES, RENE O
CITY-ST-ZIP 15298 SW 104TH ST STE 9-15
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PAREDES RENE O
STREET ADDRESS 14816 SW 104 ST #86
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.28.2000

305 2609372

CR2E034 (9/99)