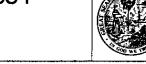
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P95000029854 DOCUMENT #

1. Entity Name



01-27-2003 90243 006 \*\*\*150.00 L'ELECTRICFIL U.S.A., INC. Principal Place of Business Mailing Address 3001 S.W. THIRD AVENUE 3001 S.W. THIRD AVENUE 10012294 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0661971 Not Applicable Country Zip Zip Country \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUZ, AMAURY ESQ. Street Address (P.O. Box Number is Not Acceptable) 3001 S.W. THIRD AVENUE **MIAMI FL 33129** City Zip 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLÉ ☐ Delete TITLE Change ☐ Addition LUCIUS, HORACIO E NAME NAME 1110 BRICKELL AVE. #820 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-ZIP TITLE **VTD** ☐ Delete TITLE ☐ Change ☐ Addition NAME LUCIUS, MIGUEL A NAME STREET ADDRESS 1110 BRICKELL AVE. #820 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE DS ☐ Delete TITLE Change Addition LUCIUS, DIEGO R STREET ADDRESS 1110 BRICKELL AVE. #820 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME SBERT, JEAN L NAME 1110 BRICKELL AVE., #820 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition NAME NAME

12. 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 d 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 empos report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an a

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Jan 27, 2003 8:00 am

**Secretary of State**