2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

FILED DOCUMENT # P95000046617 Feb 09, 2000 8:00 am 1. Entity Name CELTA ENGINEERING CORPORATION **Secretary of State** 02-09-2000 90045 043 ***150.00 Mailing Address Principal Place of Business 4481 S.W. 13TH TERRACE 4481 S.W. 13TH TERRACE MIAMI FL 33134 MIAMI FL 33134-2728 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0602495 Not Applicable Country \$8.75 Additional Zìp 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name PRIETO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 4481 S.W. 13TH TERRACE **MIAMI FL 33134** 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 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PVST ☐ Change ☐ Addition TITLE ☐ Delete TITLE PRIETO, CARLOS NAME NAME 4481 S.W. 13TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP n ☐ Change Addition ☐ Delete TITLE PRIETO, CARLOS NAME STREET ADDRESS 4481 S.W. 13TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Celete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.