2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000049751 Apr 21, 2000 8:00 am Secretary of State JENEJAC HEAVY EQUIPMENT CORP. 04-21-2000 90026 035 ***150.00 Principal Place of Business Mailing Address 4600 SW 106TH AVE. 4600 SW 106TH AVE. MIAMI FL 33165 MIAMI FL 33165-5670 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Zíp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUEVARA, FLAVIO** Street Address (P.O. Box Number is Not Acceptable) 4600 SW 106TH AVE. **MIAMI FL 33165** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 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. Change TITI F ☐ Delete MIRANDA, ALFREDO NAME STREET ADDRESS 1 FLORUIDA DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition Change ☐ Delete TITLE TITLE **GUEVARA, FLAVIO** NAME NAME STREET ADDRESS 4600 S.W. 106TH AVENUE STREET ADDRESS CITY-ST-ZÎP 🖜 CITY-ST-ZIP **MIAMI FL 33165** ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS 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