

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064863

1. Entity Name

FLORIDA FLUID & MECHANICAL COMPONENTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90478 036 ***158.75

Principal Place of Business

Mailing Address

1290 W. 60TH TERRACE
 MIAMI FL 33012

P.O. BOX 126642
 MIAMI FL 33012-1610

00078530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4686 NW 69 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Miami FL

City & State

4. FEI Number 59-3394811

Applied For
 Not Applicable

Zip 33166

Country USA

Zip

Country

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

TORRES, FRANCISCO L
 1290 W. 60TH TERRACE
 HIALEAH FL 33012

Name

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

City

FL

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

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 PT ☐ Delete
 NAME TORRES, FRANCISCO L
 STREET ADDRESS 60 W. 60TH STREET
 CITY-ST-ZIP HIALEAH FL 33012

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

TITLE T ☐ Delete
 NAME TORRES, TERRY
 STREET ADDRESS 60 W. 60 ST
 CITY-ST-ZIP HIALEAH FL

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANCISCO L. TORRES 4/15/00 (305) 717-0044

CR2E034 (9/99)