2000 UNIFORM BUSINESS REPORT (UBR)

May 05, 2000 8:00 am Secretary of State DOCUMENT # **P96000082796** A & P EQUIPMENT COMPANY, INC. 05-05-2000 90053 001 ***150.00 Mailing Address Principal Place of Business 19601 S.W. 120TH ST 19601 S.W. 120TH ST MIAMI FL 33196-1902 MIAMI FL 33196 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0696799 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARNER, PHILLIS Street Address (P.O. Box Number is Not Acceptable) 19601 S.W. 120TH ST. MIAMI FL 33196 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Defete TITLE TITLE GARNER, ANDY NAME NAME STREET ADDRESS 19601 S.W. 120TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33196** Change ☐ Addition TITLE Delete TITLE GARNER, PHILLIS NAME NAME STREET ADDRESS 19601 S.W. 120TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33196 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: UKUUMA (NOTA) SANATURE OF BIGNING OFFICER OF DIRECT

CITY-ST-ZIP

Farner V.P. 4-21-00

00 305:238-00

Daytime Phone #