2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P96000082796 1. Entity Name A & P EQUIPMENT COMPANY, INC. 05-03-2001 90952 003 ***150.00 Principal Place of Business Mailing Address PO BOX 971075 19601 S.W. 120TH ST MIAMI FL 33196 MIAMI FL 33197 3. Mailing Address 2. Principal Place of Business .Bax 97/075 21075 S.W. 246H Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE omester Applied For City & State 4. FEI Number City & State 65-0696799 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ____ 33-1-9-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent حنالت GAT NEC GARNER, PHILLIS Street Address (P.O. Box Number is Not Acceptable) 19601 S.W. 120TH ST. MIAMI FL 33196 21075 S.W. 246 St-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. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ANDY GARNET ☐ Addition ☐ Delete TITLE TITLE 21075 5.00. 246 54. GARNER, ANDY NAME NAME 19601 S.W. 120TH ST STREET ADDRESS STREET ADDRESS Homesterd, F1 33031 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33196** TITLE ☐ Delete TITLE GARNER, PHILLIS NAME NAME Phillis Garner 21075 S.W. 24654-STREET ADDRESS 19601 S.W. 120TH ST STREET ADDRESS Homestend, F1 33031 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33196** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR