2001 Uniform Business Report (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P97000042429 1. Entity Mame Alilis Repairs & Investments Corp. 05-16-2001 90389 020 ***150.00 Principal Place of Business Mailing Address 1613 SW 67th ave 1613 SW 67th AVE MIAMI, FLORIDA 33155 MIAMI, FLORIDA 33155 2. Principal Place of Business 3. Mailing Address 1613 SW 67th AVENUE Suite, Apt. #; etc. 1613 SW 67th AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable MIAMI FLORIDA MIAMI_FLORIDA 65-0759469 \$8:75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 33155 DADE 33155 DADE6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dilia Yero Street Address (P.O. Box Number is Not Acceptable) 1,0710 SW 67 Ter Miami, Florida 33173 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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) □x ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE President NAME Dilia Feró7 tem STREET ADDRESS STREET ADDRESS 10710 SW 67th ter CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33173 ☐ Change Addition TITLE Treasurer NAME NAME Dilia Yero STREET ADDRESS STREET ADDRESS 10710 SW 67th Ter CITY-ST-ZIP CITY-ST-ZIP Mlami, Florida 33173 Delete ☐ Change Addition TITLE TITLE NAME NAME Secretary STREET ADDRESS STREET ADDRESS Dilia Yero CITY-ST-ZIP CITY-ST-ZIP <u>10710 SW 67th Ter</u> Addition Miami, Florida 33155 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

(305) 266-8990

Daylime Phor