2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90030 011 ***150.00

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DOCUMENT # P97000048640.

1. Entity Name American Fusing, Inc.

Principal Place of Business
2559 NW 23 St.
Miami, FL 33142

Mailing Address
2511 NW 25 Ave.
Miami, FL 33142

2. Principal Place of Business		3. Mailing Address	
1222 NW 32nd Ct.		1222 NW 32nd Ct.	
Suite, Apt. #, etc. n/a.		Suite, Apt. #, etc. n/a.	
City & State Miami, FL		City & State Miami, FL	
Zip 33125	Country U.S.	Zip FL33125	Country U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0756389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Guerrero, Abigail.
2510 NW 32nd St.
Miami, FL 33142

7. Name and Address of New Registered Agent
Name n/a.
Street Address (P.O. Box Number is Not Acceptable)
City n/a 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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Clara Guerrero. 2510 NW 32nd St. Miami, FL 33142 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT Margarita V. Mendez 2511 NW 25th Ave. Miami, FL 33142 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1222 NW 32nd Ct. Miami, FL 33125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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.

SIGNATURE: [signature] Margarita V. Mendez 4/30/01 305-634-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #