

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077348

1. Entity Name

FORKLIFT DEPOT, INC

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90975 025 ***150.00

Principal Place of Business

Mailing Address

7785 NW SAND ST
 MIAMI FL 33166

16918 NW 83 PLACE
 HIALEAH FL 33016-3435

2. Principal Place of Business

7785 NW 52 st.
 Suite, Apt. #, etc.

3. Mailing Address

19833 NW 87th Ct.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL

City & State
 Hialeah, FL

4. FEI Number 65-0784044

Applied For
 Not Applicable

Zip 33166

Country Dade

Zip 33016

Country Dade

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

ROMERO, ORLANDO
 16918 NW 83 PLACE
 HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)
 19833 NW 87th Ct.

City Hialeah FL Zip Code 33018

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

4/27/00

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	PD	<input type="checkbox"/> Delete
NAME	ROMERO, ORLANDO	
STREET ADDRESS	16918 NW 83 PLACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19833 N.W. 87th Ct.	
CITY-ST-ZIP	Hialeah, FL. 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 305/53-0227

CR2E034 (9/99)