

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083312

1. Entity Name

MASTER FORKLIFT, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90288 040 ***150.00

Principal Place of Business

Mailing Address

8725 NW 117 STREET #B8
HIALEAH GARDENS FL 33016

8725 NW 117 STREET #B8
HIALEAH GARDENS FL 33018-1996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0783025

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOMEZ, ANGEL L
12332 NW 97TH CT
HIALEAH GARDENS FL 33018

Name

Angel L. Gomez

Street Address (P.O. Box Number is Not Acceptable)

3140 S.W. 123 CT

City

Miami

FL

Zip Code

33175

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 ☐ Delete
NAME GOMEZ, ANGEL L
STREET ADDRESS 12332 NW 97TH CT
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE PD ☐ Change ☐ Addition
NAME Gomez Angel L.
STREET ADDRESS 3140 S.W. 123 CT
CITY-ST-ZIP Miami, FL 33018

TITLE VPSD ☐ Delete
NAME GOMEZ, ANGELICA
STREET ADDRESS 12332 NW 97TH CT
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE VPSD ☐ Change ☐ Addition
NAME Gomez Angelica
STREET ADDRESS 12332 NW 97TH CT
CITY-ST-ZIP Hialeah Gardens, FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Angel L Gomez

Date

4/27/00

Daytime Phone #

305. 231-2064

CR2E034 (9/99)