2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000036054 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name MAGNAR USA, INC. 04-14-2000 90078 047 ***150.00 Mailing Address Principal Place of Business 8038 N.W. 187TH TERRACE 8038 N.W. 187TH TERRACE MIAMI LAKES FL 33015 MIAMI LAKES FL 33015-5234 2. Principal Place of Business 3. Mailing Address MU OLLB 88 CONL COUNT 18720 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 图 Applied For City & State City & State 4. FEI Number 65-0829702 PLOWIDA FLORIDA MIAMI L MAIM Not Applicable Country USA Zip \$8.75 Additional 5. Certificate of Status Desired 33019-62**3**6 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NARANJO, JORGE L Street Address (P.O. Box Number is Not Acceptable) 8038 N.W. 187TH TERRACE MIAMI LAKES FL 33015 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **☑** Change ☐ Addition TITLE ☐ Delete NARANTO, JORGE L. NAME NARANJO, JORGE L STREET ADDRESS STREET ADDRESS 8038 N.W. 187TH TERRACE 33018-6286 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAWES, FL. MIAMI LAKES FL 33015 ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change - Addition Delete TITI P THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with all other like empowered changed, or on an attachment th an add

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