FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

CHELOS TOPROS

SIGNATURE:

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P98000047363 CARLOS & SONS PLANT SALES INC. 4-25-2001 90118 033 ***150.00 Principal Place of Business Mailing Address 20350 SW 3RD STREET 20350 SW 3RD STREET PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 J + 25. 9. 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE FT. UNDELDAL City & State 4. FEI Number Applied For 65-0847625 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES. CARLOS Street Address (P.O. Box Number is Not Acceptable) 20350 SW 3RD STREET PEMBROKE PINES FL 33029 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, 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D ☐ Delete TITLE Addition NAME TORRES, CARLOS JR NAME STREET ADDRESS STREET ADDRESS 20350 SW 3RD STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition 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 accurage 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 trustyle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

0420-01