2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000076820** A&IW RENTAL CORP. 04-27-2001 90306 008 ***150.00 Principal Place of Business Mailing Address 231 174TH ST 800 SOUTHEAST THIRD AVENUE 1620 MIAMI FL 33160 FT. LAUDERDALE FL 33316 ้นร 2. Principal Place of Business 3. Mailing Address 231 174th Street Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1620 City & State City & State Applied For 4. FEI Number 65-0862144 FL Meami Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33160 (15A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LABATE, MARK J Street Address (P.O. Box Number is Not Acceptable) 800 SOUTHEAST THIRD AVENUE STE 301 FT. LAUDERDALE FL 33316 Zio 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 (NOTF: Registered Agent signature required when reinstating) DATE 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, 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 DPT TITLE Delete THUE Change WANOUNOU, IZAK NAME NAME STREET ADDRESS 30-24 BROOKSIDE AVENUE STREET ADDRESS CITY-ST-ZIP FAIRLAWN NJ 07410 CITY-ST-ZIP DVPS TITLE ☐ Delete TITLE WANOUNOU, ALBERT NAME NAME WANOUNOU; Albert 231 17TH STREET APT 1620 STREET ADDRESS STREET ADDRESS 231 🗯 174th Street, Apt. 1620 CITY-ST-ZIP MIAMI BEACH FL 33160 CITY-ST-7IP Miami Beach, FL 33160 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE ☐ Delete TITLE Addit on NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-Z:P TITLE ☐ Delete TITLE 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 facturate 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING Ø

JANOUNCE 04= 19-01