

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085851

1. Entity Name
BEARING INDUSTRIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90056 041 ***150.00

Principal Place of Business 4035 S.W. 2ND STREET MIAMI FL 33134	Mailing Address 4035 S.W. 2ND STREET MIAMI FL 33166-6967
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 471 N.E. 25th St	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FLA.	City & State

Zip 33137	Country USA	Zip	Country
---------------------	-----------------------	-----	---------

4. FEI Number 65-0867708	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent JIMENEZ, MANUEL A 4035 S.W. 2ND STREET MIAMI FL 33134

7. Name and Address of New Registered Agent Name ENRIQUE RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 471 N.E. 25th St. City MIAMI FL Zip Code 33137

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 <u><i>Enrique Rodriguez</i></u> ENRIQUE RODRIGUEZ <u>4/26/2000</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE
--

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete PD JIMENEZ, MANUEL A 4035 S.W. 2ND STREET MIAMI FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT Enrique Rodriguez 1921 N.W. 13 St. Miami, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Enrique Rodriguez</i></u> ENRIQUE RODRIGUEZ <u>4/28/2000</u> <u>305-576-6161</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
--

CR2E034 (9/99)