

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90022 018 ***150.00

DOCUMENT # P98000107942

1. Entity Name

FILTRATION PRODUCTS INTERNATIONAL INC.

Principal Place of Business

Mailing Address

7286 N.W. 8TH STREET
MIAMI FL 33126

C/O PEREZ, BEHAR, & ASSOC., INC
14730 NE 10TH AVE
N MIAMI FL 33161-2454

2. Principal Place of Business

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13935 NW 1st AVENUE

City & State

City & State

MIAMI, FLORIDA 33168

Zip

Country

Zip

Country

4. FEI Number

65-0883581

Applied For

Not Applicable

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

GONZALEZ, BRIAN
13390 SW 91ST TERRACE
UNIT F
MIAMI FL 33186

Name

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

City

FL

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

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
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
NAME LOPEZ, ROSALIE P
STREET ADDRESS 13390 SW 91ST TERRACE UNIT F
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME GONZALEZ, BRIAN
STREET ADDRESS 7286 N.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33126

☐ Delete

TITLE
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☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filing is 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 correct 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:

Rosalie P. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosalie P. Lopez

Date

4/3/00 (305) 267 5334

Daytime Phone #

CR2E034 (9/99)