2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # **P99000036784** May 19, 2000 8:00 am Secretary of State AIRRAY PARTS, INC. 05-19-2000 90053 039 ***150.00 Principal Place of Business Mailing Address 10135 NW 26TH ST. 10135 NW 26TH ST. MIAMI FL 33172-1365 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 10135 NW 0135 NW 26 St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable TiaMI. diam. Country \$8.75 Additional <u>US</u>A. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PEREZ, JOSEPHINE M 10135 NW 26TH ST. MIAMI FL 33172 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this Signature, typed ex printed r 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PLESIDENT. Change ☐ Addition ☐ Delete TITLE JOSEPHINE M. PEREZ. PEREZ, JOSEPHINE M NAME 10 135 NIU 200 ST STREET ADDRESS STREET ADDRESS 10135 NW 26TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33172 Change ☐ Addition ☐ Delete TITLE TITLE Jose R PEREZ PEREZ, JOSE R NAME 10135 NIN 265+ . STREET ADDRESS STREET ADDRESS 10135 NW 26TH ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Hiami, F1 33 172. Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 changed, or on an attachment with an address with all other like-empowered.

SIGNATURE:

SIGNATURE AND TYPES OR BEINTED NAME OF SIGNING OFFICE OR DIRECTOR

5-1-00

305-505-18-29

Dayume Phone #