2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 18, 2001 8:00 am Secretary of State P99000054225 DOCUMENT # 1. Entity Name AMERICAN EQUIPMENT & SUPPLY SERVICES, INC. 09-18-2001 90008 037 ***150.00 Principal Place of Business Mailing Address 3401 WILLOW WOOD RD. 3401 WILLOW WOOD RD. LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0929616 Not Applicable Zip Country Zip 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 ARNONE, GILDA Street Address (P.O. Box Number is Not Acceptable) 3401 WILLOW WOOD RD. LAUDERHILL FL 33319 City Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ARNONE, GILDA NAME NAME STREET ADDRESS 3401 WILLOW WOOD RD. STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 💆 🔲 : Delete -TITLE 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 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 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.

-GILdAARNONE

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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To whom it my concern, P99000054225

I received a notice that's suppose to be for a 60 dap notice for not feling and to pay a 5500 feered presume for not feling before May, but the truth of the matter of new received the first native like I received last year for the 2000 of eling which I filled April 22nd, of 2000. The fee for feling before may is \$15000. Which again I repeat & neur received it. Flease waine the fee of 5500 if you can because I don't believe if was my foult for not filing on time. I am enclosing a