| Jun 06, 2000 8:00 Secretary of State O6-06-2000 90009 041 *** 150.0 O6-06-2000 90009 941 *** 150.0 O6-06-2000 940 940 940 940 940 940 940 940 940 | 2000 UNIFORM BUS | INESS REPO | RT (UBR) | | FI | LED | |
|---|---|--|-----------------------------------|-----------------------------|----------------------------|----------------|-----------------------|
| Comparison Com | DCUMENT # P -9900 | | Jun 06, 2000 8:00 an | | | | |
| 20 N.W 52 AVE BAY 17 ANT, FL 33166-4858 IL Mailing Address J. Ma | RFRAME COMPONENTS MAI | 06-06-2000 90009 041 ***150.00 | | | | | |
| AMI , FL 33166-4858 Joe Apt 4, etc. Suite Apt 4, | ipat flace of Business | Mailing Address | / | | | | |
| Sute. Apt. #, etc. Sute. Apt. #, etc. DO NOT WRITE IN THIS SPACE | | | | | იიიგ | 73 | |
| Applied FC Country | incipal Place of Business | 3. Mailing Address | | | | | |
| Country Zip Country 5. Constitute of Status Desired \$3.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 150N—E.—S AAVEDRA 22 TAMIAMI CANAL ROAD. AMI, FL 33126 City FL Zip Code City FL Now, in the State of Florida. City Florida. City Florida. City Florida. City Florida. City F | e Apt. #, etc. Suite. Apt. #, etc. | | | 4 (| DO NOT WRITE IN THIS SPACE | | |
| Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required | ly & State | City & State | City & State | | 1 | | |
| 6. Name and Address of Current Registered Agent ISON—E.—SAAVEDRA 2.2 TAMIAMI CANAL ROAD. AMT, FL 33126 City FL Zip Code City City City City FL Zip Code City | Country | Zip | Country | | | \$8.75 Ad | Iditional |
| ISON—E.—SAAVEDRA 22 TAMIAMI CANAL ROAD. AMT, FL 33126 City FL Zio Code City FL Side of Florida. City City Florida. City FL Side of Florida. City FL Side of Florida. City FL Side | 6. Name and Address of Current | Registered Agent | | 7. Name and Addre | ess of New Registere | | |
| 2.2 TAMIAMI CANAL ROAD. AMT, FL 33126 City FL Zio Code City FL | TSON_E SAAVEDRA | | Hame | | هاد م <u>دید در جود در</u> | | |
| After MAY: 1, 2000 Fee will be \$550,00. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 1.2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OBlete INDE OFFICERS AND DIRECTORS 1.2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OBlete INDE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 1.2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OBlete INDE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 Change Additional Contribution OFFICERS AND DIRECTORS IN 11 OBlete OFFICERS AND DIRECTORS IN 11 OBlete OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11 OBlete OFFICERS AND DIRECTORS IN 11 OBLETATORIES OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS IN 11 OBLETATORIES OFFICERS AND DIRECTORS IN 11 OBLETATORIES OFFICERS AND DIRECTORS IN 11 OBLETATORIES OFFICERS AND DIRECTORS IN 11 OFFICER | 22 TAMIAMI CANAL ROAD | • * | Store Argues | s (P.O. Bo) Humber is No | ok-Accopiable) | | |
| ACCOUNTS OF THE ACTION SOLVED TO DESCRIPT THE ACTION OF TH | | · | City | <u> </u> | F | Zíp Coc | le . |
| Software free or development and elects to do so. de criteria on back) OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS PRESIDENT. EDISON E. SAAVEDRA OFFICERS AND CANAL ROAD TREASURER GENARO RODRIGUEZ TREASURER GENARO RODRIGUEZ 14915 S. W 304 TERRA LEISURE CITY, 33033 SECRETARY NESTOR CAMACHO 2291 HEALT HE FIT 33016 CITY-ST-2IP ODEINITE INDICATE STREET ADDRESS CITY-ST-2IP ODEINITE INDICATE STREET ADDRESS CITY-ST-2IP ODEINITE INDICATE STREET ADDRESS CITY-ST-2IP Change Additional Contribution Canal Contribution Canal Contribution Canal Contribution Canal Contribution Canal Contribution Canal Ca | e above cauned entity submits this statement to | the purpose of changing its | registered office or regis | tered agent, or both, in th | e State of Florida. | ! | |
| Sophium-fived or printed name of registered agent and title if apposable (INDIE Registered Agent signature required when remistative) is corporation is eligible to satisfy its intangible at filing requirement and elects to do so. ### FILE NOW!!! FEE: IS 5150.00 ### FILE NOW!! | | | | | <i>(</i> | -00 | |
| After MAY 2000 Fee will be \$550.00 After MAY 2000 Fee will be \$550.00 Make Check Payable to Department of States | Signfature Appeal or printed name of registered agent a | 310M) eldspidge is ellet be | : Registered Agent signature redu | red when reinstating) | OATE | | |
| Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP PRESIDENT. Delete TITLE EDISON E. SAAVEDRA STREET ACCRECS CITY-ST-ZIP PRESIDENT. Delete TITLE MAME STREET ACCRECS CITY-ST-ZIP CHANGE Addit CHANGE Addit CHANGE Addit CHANGE Addit CHANGE ACCRECS CITY-ST-ZIP CHANGE ACCRECS CITY-ST-ZIP CHANGE ACCRECS ACCRECTARY NESTOR CAMACHO 2211 W.64 ST APT. #205 LELISURE FIL 23016 | ix filling requirement and elects to do so. | After MAY 1, 200 | 00 Fee will be \$550.00 | Trust Fund | | \$5.0 Adde | 0 May Be d to Fees |
| PRESIDENT. Delete TITLE Change Additional Control of the Control o | OFFICERS AND | | 12. | ADDITIONS/CHAN | GES TO OFFICERS AN | ID DIRECTOR | S IN 11 |
| PRESIDENT. Delete IIILE DISON E. SAAVEDRA STREET ACCRESS CHY-ST-ZIP PRESIDENT. Delete IIILE DISON E. SAAVEDRA STREET ACCRESS CHY-ST-ZIP TOORESS CHY-ST-ZIP PRESIDENT. Delete TITLE DAME STREET ACCRESS CHY-ST-ZIP Change Addition Change C | | ☐ Delete | . . | 4 | • | Change | Addition |
| EDISON E. SAAVEDRA 6522 TAMIAMI CANAL ROAD MTAMI, FL. 33126 TREASURER GENARO RODRIGUEZ 14915 S.W 304 TERRA LEISURE CITY, 33033 SECRETARY NESTOR CAMACHO 2211 W.64 ST APT. #205 HEALEH FL. 33016 | 200555 UP | | STREET ADDRESS | † . } | | • | • |
| OCHESS OC | I ** | | | ; | <u>,</u> | ☐ Change | Addition: |
| TREASURER GENARO RODRIGUEZ 14915 S.W 304 TERRA LEISURE CITY, 33033 SECRETARY NESTOR CAMACHO 2211 W.64 ST APT. #205 HEALEH FI 33016 | | | STREET ADDRESS | , | • | | |
| GENARO RODRIGUEZ 14915 S.W 304 TERRA LEISURE CITY, 33033 SECRETARY NESTOR CAMACHO 21P 220 U.64 ST APT. #205 NAME STREET ADDRESS CITY-ST-ZIP Change Additional Control of the Control | MIA'M.I FL. 3.31.20 | ☐ Delete | -1 | | | Change | Addition |
| LEISURE CITY, 33033 SECRETARY NESTOR CAMACHO 21P 221 1 W.64 ST APT. #205 NEATER BY 33016 | GENARO RODRIGUEZ | Car Osisie | NAME | | | | |
| SECRETARY NESTOR CAMACHO STREET ADDRESS ZIP UE AT FIRST 3 3 0 1 6 | 14915 S.W 304 TER | | | | | | , |
| NESTOR CAMACHO ZIP 2211 W.64 ST APT.#205 WEATER BY 33016 | | | | | | Change | Addition |
| WEATER FI 33016 | nneces NESTOR CAMACHO | | | • | | | • |
| | #E47 FH FI 33016 | | CITY-ST-ZIP | | | | |
| Delete NALAE | "DALLER , FE 35010 | ☐ Delete | | | - | ☐ Change | Addition |
| DEMISS ZIP. STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | | | |
| | | ☐ Delete | - | | | Change | Additran |
| MAME SIREET ADDRESS | | | i - | | | | |
| ZIP CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | | | | |
| nereby 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 dicated 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, 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 hanged, or on an attachment with an address, with all other like empowered. | dicated on this report or supplemental report is the corporation or the receiver or trustee empo | true and accurate and that m wered to execute this report a | w sinnatiwe shall have th | e same lenal ellect as il f | nade under bain: inal i | in Block 11 or | Block 12 if |
| NATURE: EDISON E, SANVEDRA 4-28-00 (305) 267-54 | NATURE: A | | | 4-28- | -00 (30) |)267 | -5407 |