FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am Secretary of State DOCUMENT # P99000084938 1. Entity Name PLANE PARTS PLUS, INC. 05-17-2001 90408 017 \*\*\*550.00 Principal Place of Business Mailing Address 13967 SW 140TH STREET 13967 SW 140TH STREET P001640 MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business Mailing Address 114 CT 20130 O BOX 912411 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0951188 -ORIDA ORIDA MIAMI MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired u·sA: Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ASGARALI, ROSHAD Street Address (P.O. Box Number is Not Acceptable) 12265 SW 187TH TERR. **MIAMI FL 33177** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITLE MERLE RAMLOGAN, RAMCHARAN NAME NAME BW 114 CT 20135 SW 114TH CT. 20130 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI **MIAMI FL 33189** Delete ☐ Change Addition TITLE TITLE ASGARALI, ROSHAD NAME NAME STREET ADDRESS 12265 SW 187 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP Change ☐ Addition TITLE **7** Delete TITLE VERDOOREN, RICARDO NAME NAME STREET ADDRESS 820 NIGHTINGALE AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 employed 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR