2000 UNIFORM BUSINESS REPORT (UBR) Apr 12, 2000 8:00 am Secretary of State DOCUMENT # P99000085564 1. Entity Name L & L REBUILDERS INC. 04-12-2000 90059 027 ***150.00 Principal Place of Business Mailing Address 461 NW 46 STREET 461 NW 46 STREET POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-2541 NE 24 Ave # 3. Mailing Address City & State Applied For City & State 4. FEI Number 65-09500S Not Applicable **\$8.75** Additional 5. Certificate of Status Desired 06 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **EUCEDA, LUIS 461 NW 46 STREET** POMPANO BEACH FL 33064 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 4 (NOTE: Registered Agent signature required when reinstating) DATE of registered agent and title if applicable. .. FILE.NOW!!! FEE.IS,\$150.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing_ \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PUD ☐ Addition TITLE PVD ☐ Delete Euceda **EUCEDA, LUIS** STREET ADDRESS **461 NW 46 STREET** CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete ☐ Change Addition TITLE NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition **HITLE** 🏄 👊 🖸 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. If 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MESIDEN 2/2/2000

783-4423

Daytime Phone #