2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am DOCUMENT # P99000089078 Secretary of State EL ROSARIO RENTAL EQUIPMENT CORP. 02-29-2000 90115 049 ***150.00 Principal Place of Business Mailing Address 780 N.W. LEJEUNE ROAD 780 N.W. LEJEUNE ROAD SUITE 423 SUITE 423 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address 17354 S.W. 266 Terrace 17354 S.W. 266 Terrace Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0953808 Homestead, Homestead, Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33031 U.S.A U.S.A. 330<u>31</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -- -- -<u>Carrera, Esquire</u> LUNA, MANUEL C Street Address (P.O. Box Number is Not Acceptable) 780 N.W. LeJeune Road 780 N.W. LEJEUNE ROAD SUITE 423 Suite 423 MIAMI FL 33126 ^{City} Miami ^{Zin}33126 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 agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition A Delete TITLE P/V/T/S/D. CARRERA, JUAN M ESQ. NAME NAME Manuel C. Luna STREET ADDRESS 780 N.W. LEJEUNE ROAD STREET ADDRESS 17354 S.W. 266 Terrace CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 Homeastead, FL ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Delete TITLE NAME^{*} NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 procedures, with all other like propowered.

Daytime Phone #

SIGNATURE: