

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED RETURN

DOCUMENT # P99000106386

1. Entity Name

FORKLIFT WAREHOUSE CO.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 1:28

Principal Place of Business Mailing Address
6551 LAKE COMO TERR. 6551 LAKE COMO TERR.
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965688

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, EDUARDO
6551 LAKE COMO TERR.
MIAMI LAKES, FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Delete
NAME VALDES, EDUARDO
STREET ADDRESS 6551 LAKE COMO TERR.
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE DP ☒ Change ☐ Addition
NAME VALDES, EDUARDO
STREET ADDRESS 6551 LAKE COMO TERR.
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE VP ☐ Delete
NAME LOPEZ, ADRIAN
STREET ADDRESS 10130 MONTEGO BAY DR
CITY-ST-ZIP MIAMI, FL 33189

TITLE ☐ Change ☐ Addition
NAME 000004194500-7
STREET ADDRESS -05/11/01--01005--018
CITY-ST-ZIP *****35.00 *****35.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Change ☒ Addition
NAME VALDES, MARIA C.
STREET ADDRESS 6551 LAKE COMO TERR.
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: X

Eduardo Valdes

EDUARDO VALDES

PRES.

4/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/00)