2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # S26610** May 09, 2000 8:00 am Secretary of State AMERICAN COMPOSITES, INC. 05-09-2000 90088 033 ***150.00 Principal Place of Business Mailing Address 9501 NW 80TH AVE 9501 NW 80TH AVE HIALEAH GRDNS FL 33016-2311 HIALEAH GRDNS FL 33016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0243633 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SABIDO, JORGE Street Address (P.O. Box Number is Not Acceptable) 5430 W 14TH AVE HIALEAH FL 33012 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 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. ☐ Addition Change ☐ Delete TITLE DPT TITLE NAME NAME SABIDO, JORGE STREET ADDRESS STREET ADDRESS 17020 SW 63 MANOR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Addition Detete TITLE NAME SABIDO, MARISOL NAME STREET ADDRESS STREET ADDRESS 17020 SW 63 MANOR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 an address, with all other like empowered.

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR