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2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

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Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P 99000047831 1. Entity Name H.A.G. GENERAL IMPORT & EXPORT, INC. 25-2001 90156 035 ***150.00 Principal Place of Business Mailing Address er tergena di la stati. 12880 S.W. 136th Ave. Suite 207 Miami, Fl. 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State A Carried Land 4. FEI Number Applied For Not Applicable 65-0923236 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --GORDILS, HENRY A. Street Address (P.O. Box Number is Not Acceptable) 12880 S.W. 136th Ave. Suite 207 Miami, Fl. 33186 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. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE -TITLE ☐ Delete ☐ Change ☐ Addition DP NAME NAME Gordils Henry A. STREET ADDRESS STREET ADDRESS 14413 S.W. 143 Court Miami, Fl 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DVP NAME NAME STREET ADDRESS Gordils Ileana A. STREET ADDRESS CITY-ST-ZIP 14413 S.W. 143 Court CITY-ST-ZIP Miami, El 33186 TITLE Delete ___Change___ __ Addition_ TITLE NAME NAME STREET ADDRESS Gordils Alfredo G STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14413 S.W. 143 Court ☐ Delete Miami, Fl. 33186 TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if