2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$65144 Mar 21, 2000 8:00 am **Secretary of State** HELLER'S INTERNATIONAL, INC. 03-21-2000 90096 020 ***150.00 Principal Place of Business Mailing Address 1047 DEERPATH CT 1047 DEERPATH CT WESTON FL 33327-1623 WESTON FL 33326 HS Principal Place of Business 397 Banyan 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State 65-0277928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Angub, Carlos ANGULO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 1047 DEERPATH CT WESTON FL 33326 8. The above named entity submits this datement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE nt 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. **PSD** ☐ Addition TITLE ☐ Delete TITLE ANGULO, CARLOS NAME NAME 1397 Banyan Way Weston FL 33327 STREET ADDRESS 1047 DEERPATH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Addition ☐ Delete TITLE TITLE SANGULO, SARASANHUIZA NAME NAME STREET ADDRESS STREET ADDRESS 1047 DEERPATH CT CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 CITY-ST-7IP 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 drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE: