2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State
06-19-2003 90047 016 ***158.75

DOCUMENT # S91824

1. Entity Name
UNITED TURBINE, CORP.

Principal Place of Business
8950 NW 79 AVENUE
MIAMI, FL 33166 US

Mailing Address
8950 NW 79 AVENUE
MIAMI, FL 33166 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0293454 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CANAL, JOSE A.
6045 NW 90TH ST
MEDLEY, FL 33166

(NEW ADDRESS) →

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
8950 NW 79 AVENUE
City MIAMI FL Zip Code 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOZZAYANPOUR, ALI	NAME	
STREET ADDRESS	11950 S.W. 15TH CORT	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CANAL, JOSE	NAME	
STREET ADDRESS	6909 S.W. 147 PL.	STREET ADDRESS	5555 SW 192 TERR
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	FT. LAUDERDALE, FL 33332
TITLE	VP ☐ Delete	TITLE	VP & CEO ☒ Change ☐ Addition
NAME	MONTES, GERONIMO	NAME	
STREET ADDRESS	14240 SW 39 ST	STREET ADDRESS	8950 NW 79 AVENUE
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	MIAMI, FL 33166
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2EC34 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERONIMO MONTES 6-16-03 (305) 885-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #