2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V56915** May 13, 2000 8:00 am Secretary of State 1. Entity Name CONTROL AND AUTOMATION CONSULTANTS, INC. 05-13-2000 90028 012 ***158.75 Principal Place of Business Mailing Address 2775 W. 79TH STREET #6 2775 W. 79TH STREET #6 HIALEAH FL 33016 HIALEAH FL 33016-1866 2. Principal Place of Business 3. Mailing Address 2248 W. 774h Street 2248. Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State 65-0357664 Hialeah Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33016 3301 E Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONVALER WILKY GONZALEZ, WILKY J. Street Address (P.O. Box Number is Not Acceptable) 2775 W. 79TH STREET #6 W. 77th. Street HIALEAH FL 33016 ALEAH 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 GONZALLZ <u>Sadiye</u> (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITI F PD ☐ Delete TITLE ☐ Change ☐ Addition NAME GONZALEZ, WILKY J. NAME STREET ADDRESS STREET ADDRESS 19080 N.W. 86TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME GONZALEZ, SADIYE STREET ADDRESS STREET ADDRESS 19080 N.W. 86TH COURT CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33015 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME **GONZALEZ. SADIYE** NAME STREET ADDRESS STREET ADDRESS 19080 N.W. 86TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 ☐ Addition Change ☐ Delete TITLE TITLE GONZALEZ, SADIYE NAME NAME STREET ADDRESS STREET ADDRESS 19080 N.W. 86TH COURT CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33015 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SJJASUOD JYIDAR ()

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U-26-00

305-826-8262

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