2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am **DOCUMENT # V58867 Secretary of State** 1. Entity Name FABREX LEASING, INC. 03-09-2001 90473 005 ***150.00 Mailing Address Principal Place of Business 3630 CHERBOURG 816 W MARTIN L KING BLVD TAMPA FL 33603 TROIS-RIVIERES-QUEST QUEBEC, CANADA GBY 5R2 2. Principal Place of Business 3. Mailing Address 3918 N. HiGBLAND 3130 Cherbours Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3218126 TROIS-RIVIERES-OUEST, Québe AMDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 33 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELIAS, STEVEN D. Street Address (P.O. Box Number is Not Acceptable) 1164 EAST OAKLAND PARK BLVD. SUITE 200 FT. LAUDERDALE FL 33334 City 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 it 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, 2001 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 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Delete 3630 Chen bourg, Quebec, Canada TRois-Rivieres - Ouest, Quebec, Canada TRois-Rivieres - Ouest, Quebec, Canada Trois-Rivieres - Ouest, Quebec, Canada PARE, PIERRE NAME NAME 3510 LEFORT TROIS-RIVIERES-QUEST STREET ADDRESS STREET ADDRESS QUEBEC, CANADA G8Y 5R2 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE DITLE PARE, PIERRE NAME 3630 Cheebours, Trois-Rivienes - Ouest, Quebec, CANAJA GBY 6P7 NAME TROIS-RIVIERES-QUEST 3510 LEFORT STREET ADDRESS STREET ADDRESS QUEBEC, CANADA G8Y 5R2 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

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 eath; 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

SIGNATURE:

Lièrae Pha

FEBRUARY 23,01 (819) 695-2219

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