2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am **DOCUMENT # K66130 Secretary of State** AUTO SPORT INTERNATIONAL CORP. 01-24-2001 90016 005 ***150.00 Principal Place of Business Mailing Address 5310 NW 72 AVENUE 5310 NW 72 AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0103659 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMON, STEVEN W. Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL AVE **SUITE 1901** MIAMI FL 33131 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ■ Addition Delete MENENDEZ, YOLANDA NAME NAME 5310 NW 72 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MENENDEZ, YOLANDA NAME NAME 5310 NW 72 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change MENENDEZ, VALENTIN. NAME - --NAME **5310 NW 72 AVENUE** STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VIDAL, SUSANA A. NAME NAME 5310 NW 72 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 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-7IP with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information ort 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 exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if pls, wiiff all other like empowered. 13. I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the receiver or flustee

SIGNATURE:

of the corporation or the rece changed, or on an attachme

Valentin Menendez

ED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Daytime Phone #