2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # P00000052109** ARTEMISA JAPANESE CAR CARE, INC. 01-26-2001 90126 034 ***150.00 Principal Place of Business Mailing Address 7775 S.W. 32ND TERRACE 7775 S.W. 32ND TERRACE MIAMI FL 33155 **MIAMI FL 33155** 3. Mailing Address 2. Principal Place of Business 6966 Su 4TH 6966 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DABE 33/40 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUZMAN, EDDY Street Address (P.O. Box Number is Not Acceptable) 7775 S.W. 32ND TERRACE MIAMI FL 33155 Zip Code FL 8. The above named entity submitgithis statement for the Durpose of changing its registered office or registered agent, or both, in the State of Florida. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Delete TITLE ☐ Change ☐ Addition TITLE GUZMAN, EDDY NAME NAME 7775 S.W. 32ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** TITLE ☐ Defete TITLE ☐ Addition DOMINGUEZ, MAYDEL NAME NAME 9179 S.W. 36TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33165 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 appreciate of the corporation of t

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SIGNATURE: