## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P95000066151 AUTO LAB, INC. 04-27-2000 90019 039 \*\*\*150.00 Principal Place of Business Mailing Address 6921 PARTIRDGE UN 6921 PARTIRDGE LN ORLANDO FL 32807 ORLANDO FL 32807 947982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3317377 Not Applicable Zip \_ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name RIVERA, IRENE Street Address (P.O. Box Number is Not Acceptable) 6921 PARTIRDGE LN ORLANDO FL 32807 Zip Code City FL 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 DATE 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, 2000 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 OFFICERS AND DIRECTORS 11. PD ☐ Addition Change Delete TITLE TITLE RIVERA, IRENE NAME NAME STREET ADDRESS 6921 PARTIRDGE LN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete Change Addition TITLE HERNANDEZ, ARMANDO NAME NAME STREET ADDRESS 6921 PARTIRDGE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32807 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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

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changed, or on an attack TREAS SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRIC OR