2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ASSESSED TYPED OR PRINTED NAMED OF

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** P95000087604 03-11-2002 90013 004 ***158.75 N.P. AUTO REPAIR, INC. Principal Place of Business Mailing Address N.P AUTO REPAIR INC 11250 SOUTHWEST 200 STREET 10842 SW 188 ST MIAMI FL 33157 MIAMI FL 33157 US 2. Principal Place of Business 3. Mailing Address Suita, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0621663 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent. THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 P SEEPERSAUD 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE (9/01) ☐ Change SEEPERSAUD, NIRANJAN P NAME NAME 11250 SOUTHWEST 200 STREET CR2E034 STREET ADDRESS STREET ADDRESS MIAM! FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE V P KAMESHWAR SEEPERSAUD Change TITLE Delete NAME NAME 11250 S.W. STREET ADDRESS STREET ADORESS CITY-ST-7P CITY - S7 - 71P TITLE Delete TITLE Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ше 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-ZIP TITLE Delete TITLE ☐ Addition NAME 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 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.

2-17-02.

FILED