## FOR PROFIT CORPORATION

## **FILED** May 02, 2002 8:00 am Secretary of State 05-02-2002 90046 019 \*\*\*150.00 DO NOT WRITE IN THIS SPACE Applied For 65-0875967 Not Applicable **\$8.7**,5, Additional Fee Required DATE

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<b>DOCUMENT #</b> 1. Entity Name	P98000096344		

QUICK AUTO PROVIDERS, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3675 PEMBROKE ROAD 3675 PEMBROKE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. #B-8 #B-8 City & State City & State 4. FEI Number HOLLYWOOD FL HOLLYWOOD FI Country Country 5.-Certificate of Status Desired 33021 33021 USA USA 7. Name and Address of Current Registered Agent ANDRE CARNETRO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 9560 SW 3RD COURT IN THIS SPACE PEMBROKE PINES 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE NAME ANDRE CARNETRO NAME STREET ADDRESS 620 SW 99TH AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL, 33025 CITY-ST-ZIP TITLE TITLE GILBERTO O. FERNANDEZ NAME NAME STREET ADDRESS 3675 PEMBROKE ROAD B-8 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL, 33021 CITY-ST-ZIP TITLE TITLE MARCOS WEBA NAME NAME 3675 PEMBROKE ROAD B-8 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HOLLYWOOD FL, 33021 CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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 oath; that I am an officer or director of the corporation or the receiver of trustee inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an of the corporation or the receiver or attachment with an address, with a

SIGNATURE: