

2000 UNIFORM BUSINESS REPORT (UBR)

8/3

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-03-2000 90037 033 ****61.25
08-21-2000 90204 015 ***488.75

DOCUMENT # 556599 AMENDMENT
1. Entity Name University Car Care, Inc. *P*

Principal Place of Business Mailing Address
1492 South Dixie Highway
Coral Gables, FL 33146

2. Principal Place of Business 3. Mailing Address
1492 South Dixie Highway 401 S.W. 8th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Coral Gables, FL Miami, FL 33130
Zip 33146 Country U.S.A. Zip 33130 Country U.S.A.

4. FEI Number 59-1795459 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Bernard Dane Stein
200 South Biscayne Blvd, 20th Floor
Miami, FL 33131

7. Name and Address of New Registered Agent
Name Eduardo Escobar
Street Address (P.O. Box Number is Not Acceptable)
401 S.W. 8th St.
City Miami FL Zip Code 33130

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 *Eduardo Escobar* Eduardo Escobar V.P. 7/5/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D William D. Hughes 11600 S.W. 108th Terr. Miami, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Marta L. Escobar 401 S.W. 8th St. Miami, FL 33130 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Nancy Ann Hughes 11600 S.W. 108th Terr. Miami, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Manuel A. Escobar 401 S.W. 8th St. Miami, FL 33130 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Manuel A. Escobar, Jr. 401 S.W. 8th St. Miami, FL 33130 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Eduardo Escobar 401 S.W. 8th St. Miami, FL 33130 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Marta Diaz 401 S.W. 8th St. Miami, FL 33130 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Juan Diaz 401 S.W. 8th St. Miami, FL 33130 ☐ Change ☒ Addition

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 changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *Eduardo Escobar* Eduardo Escobar 7/5/00 305-856-2136
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)