2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # ******* 457446

1. Entity Name

DANNY'S AUTO, INC.

FILED
00 JUN 12 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DW59311
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
909 N.W. 27 Avenue Miami, Fl. 33125	909 N.W. 27 Avenue Miami, FL. 33125

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1573257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Leon-Rubido, Marlene 8500 W. Flagler Street, Suite A108 Miami, FL. 33144	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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	S Leon, Rita 8030 SW 10 Terrace Miami, FL. 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Leon, Rita 8030 SW 10 Terrace Miami, FL. 33144 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Leon, Dionisio 8030 SW 10 Terrace, Miami, FL. 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leon, Dionisio 8030 SW 10 Terrace Miami, FL. 33144 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Leon-Rubido, Marlene 8500 W. Flagler St., A-108 Miami, FL. 33144 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600033143169 -07/06/00--01013--001 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: X Rita Leon 5/11/00 305-649-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE