2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attackment with

SIGNATURE:

FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # 557201** 1. Entity Name ABERNATHY'S AUTO SERVICE, INC. 01-28-2000 90158 041 ***150.00 Principal Place of Business Mailing Address 1927 SW 1 AVENUE 1927 SW 1 AVENUE FT LAUDERDALE FL 33315-2125 FT LAUDERDALE FL 33315-2125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1785404 Not Applicable Country Zip Country Zip \$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 TAHMASSEBI, TAHMOURESS Street Address (P.O. Box Number is Not Acceptable) 12020 SW 32 ST. **DAVIE FL 33330** Zip Code FI 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS (00/0/ Addition **PST** ☐ Change TITLE ☐ Delete TITLE TAHMASSEBI, TAHMOURESS NAME NAME CROFINA STREET ADDRESS STREET ADDRESS 12020 S W 32 ST CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL 00000 Addition STD ☐ Delete ☐ Change TITLE NAME TAHMASSEBI, MOJDEH NAME 12020 S.W. 32 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition TITLE ☐ Delete NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP Delete TIT! F Change ☐ Addition 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-ZIP 13. I hereby certify that the information supplied with this filling 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 eccurate 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

like empowered

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR