2002 UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am **Secretary of State** 03-31-2002 90329 042 ***150.00 CHINEA AUTO ELECTRIC. INC. Principal Place of Business Mailing Address C/O CIRO I CHINEA 00003760 211 SW 22 AVE 222 SW 22ND AVE MIAMI FL 33135 MIAMI FL 33135-1505 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-2089856 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired HIAUI-BAB Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHINEA, CIRO I 222 SW 22ND AVE MIAMI FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Delete TITLE ☐ Addition TITLE CHINEA CIROI CHINEA, CIRO I NAME NAME 1644 SW 3RD ST APT 3 STREET ADDRESS STREET ADDRESS 2469 SW- 16 text. HIAUI-FL CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ChiNEA CIROI NAME CHINEA, CIRO I NAME 2469 5.W. 16 TERR 1644 SW 3RD ST APT 3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Ctrange NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I heraby 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 accurate and that my signature shall have the same legal effect as ill 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

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