2001 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2001 8:00 am **DOCUMENT # F39540 Secretary of State** TAMIAIR AUTO REPAIRS, INC. 03-15-2001 90183 009 ***150.00 Principal Place of Business Mailing Address 8915 SW 129 TERR 8915 SW 129 TERR MIAMI FL 33176-5804 MIAMI FL 23176-5801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2102760 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REMSÈN, WILLIAM K Street Address (P.O. Box Number is Not Acceptable) 8915 SW 129 TERR MIAMI FL 33176-5804 City 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 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) TITLE ☐ Delete TITLE REMSEN, WILLIAM K NAME NAME STREET ADDRESS 14880 SW 152 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 33176 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition REMSEN, DEBORAH R NAME NAME STREET ADDRESS 14880 SW 152 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 33176 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [7] Change ∏ Addition ☐ Delete TITLE NAME 1 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 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

3-11-01

s, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: