FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2002 8:00 am **Secretary of State** G39138 DOCUMENT # 1. Entity Name 01-22-2002 90097 012 ***150.00 FRANKOMAR AUTO REPAIR, INC. Principal Place of Business Mailing Address % FRANK O. FAGUNDO % FRANK O. FAGUNDO 908539 4244 S.W. 74TH AVE. 4244 S.W. 74TH AVE. MIAMI FL 33155 **MIAMI FL 33155** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2285595 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 FAGUNDO, FRANK O. Street Address (P.O. Box Number is Not Acceptable) 4244 S.W. 74TH AVE. **MIAMI FL 33155** 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Change FAGUNDO, FRANK O. NAME NAME 1509 MANTUA AVE. STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITI F TITLE FAGUNDO, FRANK O. NAME NAME STREET ADDRESS 1509 MANTUA AVE. STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13. I hereby certify that the information supplied with the indicated on this report or supplemental eport is tue and

is filted does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if