FILED
Aug 26, 2002 8:00 am
Secretary of State
07-25-2002 90128 031 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022182

1. Entity Name
CONTEMPORARY AUTOMOTIVE, LLC

- 42182

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1585 GLEN HAVEAN CIRCLE OCOEE FL 34761	1585 GLEN HAVEAN CIRCLE OCOEE FL 34761

2. Principal Place of Business	3. Mailing Address
1011 N. Orlando Ave Suite, Apt. #, etc.	1011 N. Orlando Ave. Suite, Apt. #, etc.
City & State: Maitland, FL. Zip: 32751 Country: U.S.A.	City & State: Maitland, FL. Zip: 32751 Country: U.S.A.

4. FEI Number: 26-0009771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, KUNTESH C 1011 N. Orlando Ave.
1585 GLEN HAVEAN CIRCLE Maitland, FL.
OCOEE FL 34761 32751

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kuntesh Patel / member
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 7/16/02

FILE NOW!!! FEE IS $50.00.
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAMING, SIMON A 2901 ELM STREET OVIEDO FL 32765	☐ Delete	MAHENDRA APPADU 6502 Merit moor Circle Orlando, FL. 32818	☐ Change ☒ Addition Mgr/M member/co-owner
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, KUNTESH C 1585 GLEN HAVEAN CIRCLE OCOEE FL 34761	☐ Delete Mgrm member/co-owner		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Member 7/16/02 407-647-6067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #