2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M02576 1. Entity Name PIERRE'S AUTO REPAIR SHOP, INC.								FILED Apr 28, 2000 08:00 AM Secretary of State						
Principal Plac 3991 n. dixie h pompano bea	WY	3991 N. DI POMPANO	Mailing Address 3991 n. dixie hwy Pompano beach											
33064 2. Principal F	Place of Busin	33064	33064 3. Mailing Address											
Suite, Apt.	#. etc.	Suite	Suite, Apt. #, etc.					DC) NOT WRI	TE IN THIS	SPACE			
City & Stat	ie	City 8	City & State			4. FEI Number 59-2320666				Applied For Not Applicabl				
Zip	Country			Zip		Country			ficate of Statu			\$8.75 / Fee Requ		
	6. Name	and Address of Curr	ent Registered	1 Agent		Name	7.	. Nam	e and Addres	is of New F	legistered	Agent		
FORTIN, PIE 3991 N. DIXII							ddress (P.O.	. Box N	umber is Not	Acceptable	e)			
POMPANO P	BEACH		FL								· · · ·	- ,		
33064						FL			Zip Code					
8. The above	named entit	y submits this stateme	nt for the purpo	se of changing its	reaistere	ed office or	registered a	adent.	or both, in the	State of Flo	orida.			
SIGNATURE .		or printed name of registered a	* 574 SERIES		-		ure required when	n reir stat	ing)		04/2	8/2000	1	-
Tax filing i	pration is elig requirement ria on back)	ible to satisfy its Intang and elects to do so.	_	FILE NOW! After MAY 1, 20 ke Check Payab	00 Fee	will be \$5	50.00	1	0. Election Ca Trust Fund	ampaign Fir Contributio	•	\$5 □ Add	.00 May led to Fee	/Be es
11.		OFFICERS A	ND DIRECTOR	S	12.		A	ADDITI	ONS/CHANG	ES TO OFF	ICERS AN	ID DIRECTO	DRS IN 11	
Title NAME Street Address City-St-Zip	PTD FORTIN, P 800 NE 33R POMPANO	D STREET	FI	Delete								🔲 Chang	e 🗖 A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FORTIN, C 800 NE 33R POMPANO	D STREET	F	Delete			VSD FORTIN, C 800 NE 33H POMPANC	RD ST	REET		FL	<u>X</u> Chang	e 🗆 A	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Deiste	T TLE NAME STPE							Chang	e 🗌 A	ddition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				🗋 Delete	4			·				🛄 Chang	e 🗌 A	ddition
of the cor	on this repor poration or the	e information supplied rt or supplemental repo ne receiver or trustee e achment with an addre	ort is true and a mpowered to e	courate and that m xecute this report	iv signat	ure shall h	ave the same	ie leca	effect as if m	ade under o	oath: that l	l am an offic	er ar dire	ector

CIONATION: CADOLE FODTIN