FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2001 8:00 am **DOCUMENT # M11009 Secretary of State** SPEEDWAYS AUTO SUPPLIES, INC. 03-29-2001 90391 001 \*\*\*150.00 Principal Place of Business Mailing Address 8501 S.W. 86 COURT PO BOX 414538 O O O I O O MIAMI FL 33143 MIAMI FL 33141 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 59-2492844 Not Applicable Zip Country Country \$8.75 Additional 5:\_Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUJANANI, RAMESH Street Address (P.O. Box Number is Not Acceptable) 8501 SW 86TH CT **MIAMI FL 33143** 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 \$5.00 May Be 10. Election Campaign Financing 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. ☐ Delete TITLE Change ☐ Addition ;R2E034 (10/00) TITLE SUNJANANI, RAMESH NAME NAME STREET ADDRESS 8501 SW 86 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-- -CITY\_ST\_ZIP\_ ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 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 changed, or on an attachment with an address, with all other like empowered.

RAMESH - SUTANANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: