2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M16607 **DOCUMENT #**

1. Entity Name

GAP AUTOMOTIVE CORPORATION



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90108 016 ***150.00

TITLE NAME GIACOMELLI, MARGARITA STREET ADDRESS OCTY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS OCTY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS OCTY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS OCTY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS OCTY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS OCTY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS OCTY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS OCTY-ST-ZIP TITLE OC Change Addition Addition OCTANGE Addition OCTANGE Addition OCTANGE OCTANG	GAF AU	TOMOTIVE CORPORATION				
Suite, Apt. #, etc. Suite, Apt. #, etc. Chy & State	9532 HARDII #103 SURFSIDE F	NG AVE	P O BOX 54-7097 SUITE 307 SURFSIDE FL 33154-7097			
Coy & State City & State Country Country Country Country Country Country Country Country Superationate of Status Desired Fee Required Fee Requir	2. Principal	Place of Business	3. Mailing Address			
Zip Country Zip Country Special Section Sectio	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	G CHANGES
E. Name and Address of Current Registered Agent FEREZ-PAOLLA, MANUEL 3231 S W 16TH TERR MAMIF L. Strout Address (I'O Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing list registered agent, or both in this State of Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Sateurs, speed or protect review of registered agent agen	City & State		City & State		4. FEI Number 59-2571377	
FILE NOW!!! FEE IS \$150.00 Make Chock Payable to Florida Department of State OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICER STATE OFFICERS AND DIRECTORS OFFICERS	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
PEREZ-PADILLA, MANUEL 3231 S W 16TH TERR. MMMI FL 33145 City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code PL Zip Code FL Zip Code PL Zip Code		6. Name and Address of Currer	nt Registered Agent	L	7. Name and Address of New Registered	
Stroet Address (PO Box Number is Not Acceptable) City FL Zip Code		A PART A CARACTER STORY				
8. The above named entity submits this statement for the purpose of changing its registored office or registored agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE				Street Addres	ss (P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. Tam familiar with, and accept the obligations of registered agent. Signature	MIAMI FL	. 33145		1,2		
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Added to Fees Adde	**.			'		- ! ' !
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above the obliga	e named entity submits this statement of attended agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Signature, typed or printed name of registered ever	ACCES to the standard of the total access to t			
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #