2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am Secretary of State DOCUMENT # P00000056293 1. Entity Name ALL KENDALL TRAFFIC SCHOOL, INC. 02-19-2001 90026 040 ***150.00 Principal Place of Business Mailing Address 15443 SW 1377H AVE. 15443 SW 137TH AVE. MIAMI FL 33177 MIAMI FL 33177 **TITOIDA** 2. Principal Place of Business 3. Mailing Address SW. 137#Aug 137th AUD 15435 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSALES, ANA ---Street Address (P.O. Box Number is Not Acceptable) 15443 SW 137TH AVE. MIAMI FL 33177 City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00L 10. Election Campaign Financing --- \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) providery ☐ Addition ☐ Delete TITLE TITLE NAME relson Unit 1904 STREET ADDRESS STREET ADDRESS 153 8 13402 50 Mian Ll CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition Vice Presiden TITLE TITLE NAME NAME (2.012ab Mian R STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Secretary Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tremsier ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Re 33177 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 supplier ental 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.

OFFICER OR DIRECTOR

FILED