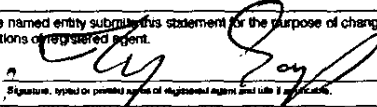
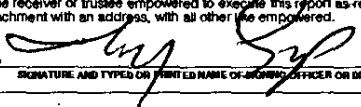


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91438 047 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083828			
1. Entity Name RED LINE AUTO, INC.			
Principal Place of Business 201 BENOIST FARMS ROAD WEST PALM BEACH, FL 34111		Mailing Address 201 BENOIST FARMS ROAD WEST PALM BEACH, FL 34111	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1035522		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FRASER, DUNCAN 660 LINTON BLVD., SUITE 207 DELRAY BCH, FL 33444		7. Name and Address of New Registered Agent Name: SAROOP, TEERATH Street Address (P.O. Box Number is Not Acceptable): 201 BENOIST FARMS RD City: WEST PALM BEACH FL Zip Code: 33411	
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:  DATE: 4-28-03 (Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent Signature required when submitting.)			
FILED NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD SAROOP, TEERATH 201 BENOIST FARMS ROAD WEST PALM BEACH, FL 34111 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAROOP, TEERATH 201 BENOIST FARMS RD WEST PALM BEACH, FL 33411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREEN, MICHAEL 201 BENOIST FARMS RD WEST PALM BEACH, FL 33411 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other (s) empowered.			
SIGNATURE:  DATE: 4-28-03 (561) 745-5383 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Original Filed at	

80113154



☐ CHECK HERE IF MAKING CHANGES

CR0304 (1/01/02)