2/6 Aug 20, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) P00000090726 DOCUMENT # 1. Entity Name 02-06-2001 90304 009 \*\*\*150.00 US1 AUTOMALL! INC. 07-18-2001 90260 046 \*\*\*550.00 Principal Place of Business Mailing Address 2631 NW 32ND STREET 2631 NW 32ND STREET MIAM! FL 33142 MIAM) FL 33142 2. Principal Place of Business 3. Mailing Address 3520 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For  $\Omega \cap \Omega$  $\Omega$ ìnmNot Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent **GOMEZ. REY** Street Address (P.O. Box Number is Not Acceptable) 2631 NW 32ND STREET MIAMI FL 33142 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 regulaed when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Persian TITLE 5/01 Change | ☐ Addition GOMEZ, REY NAME Rey Gon STREET ADDRESS 2631 NW 32ND STREET STREET ADDRESS CITY-GT<del>-ZIP</del> MIAMI-FL-33142 CITY: ST 27 TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP mle Delete TOTAL F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZP CITY-ST-7/P TITLE Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this Tepori 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST- ZIP

YATURE REQUIRED

7-12-01 (305)444-2047