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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090966

1. Entity Name
PATTI'S GARAGE, INC.

Principal Place of Business	Mailing Address
501 NE 8TH STREET FORT LAUDERDALE FL 33304	501 NE 8TH STREET FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2810 SW. 81st Terrace	2810 SW 81st Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State: Davie, FL
Zip: 33328 Country: Broward	Zip: 33328 Country: Broward

4. FEI Number: 65-1047040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRADY, JAMES C 501 NE 8TH STREET FORT LAUDERDALE FL 33304	Name: Pat Nelson Street Address (P.O. Box Number is Not Acceptable): 2810 SW 81 Terrace City: Davie FL Zip Code: 33328

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: Pat Nelson — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4/18/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRADY, JAMES C 501 NE 8TH STREET FORT LAUDERDALE FL 33304	☒ Delete	P Bob Nelson 2810 SW 81st Terrace Davie, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD Pat Nelson 2810 SW 81st Terrace Davie, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	800004274358--5 -05/21/01--01154--002 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: Pat Nelson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/18/01 — Daytime Phone #: (954) 474-7023