


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90043 002 ***158.75
06-23-2003 90061 014 ***158.75

DOCUMENT # P00000097004	
1. Entity Name Dawes Automotive Equipment Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 285 N.E 185th St		3. Mailing Address 285 N.E 185th St	
Suite, Apt. #, etc. Bay 3		Suite, Apt. #, etc. Bay 3	
City & State Miami FL		City & State Miami FL	
Zip 33179	Country U.S.A	Zip 33179	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1049529	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Desmond Harch	
Street Address (P.O. Box Number is Not Acceptable) 1900 N.W 27th Ave #159	
City Miami	FL Zip Code 33147

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 *X* **Devan Dawes** **6-19-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Devan Dawes 14000 Biscayne Blvd Apt 117 North Miami Bch FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* **Devan Dawes** **6/19/03** **786-402-3247**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)