200 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000108829 TONY'S FLEET MAINTENANCE AND A/C REPAIR, INCORPO 05-14-2001 90252 014 ***150.00 Principal Place of Business Mailing Address 3003 COLLINS STREET 3003 COLLINS STREET TAMPA FL 33607 TAMPA FL 33607 LUVUUUUI 2. Principal Place of Business 3. Mailing Address 6902 Interbay Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3681936 City & State City & State Applied For Tampa, Florida Not Applicable Zip Zip **\$8:75** Additional 5. Certificate of Status Desired Hillsboroug 33616 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESTHER PALAU TRONCOSO, MAGGIE Street Address (P.O. Box Number is Not Acceptable) 3003 Collins St. 4930 ROCKLEDGE CIRCLE **TAMPA FL 33624** 33667 Tampa bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity XX SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Channe TITLE TITLE Delete NAME PALAU, JOSE ANTONIO NAME PALAU, JOSE ANTONIO STREET ADDRESS STREET ADDRESS 3003 COLLINS STREET 3003 Collins St. Tampa FL. 33607 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 Addition ☐ Delete TITLE ☐ Change TITLE ESTHER PALAU NAME 3003 Collins St. STREET ADDRESS STREET ADDRESS Tampa, F1: 33607 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2001

(813) 902 0964

Daytime Phone #