2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P00000112251 Apr 02, 2001 8:00 am Secretary of State 1. Entity Name ZEP & CAR SERVICES, INC. 04-02-2001 90283 012 ***150.00 Mailing Address Principal Place of Business 11445 NORTH BAY SHORE DRIVE 11445 NORTH BAY SHORE DRIVE NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 2. Principal Place of Business 3. Mailing.Address 3 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARUSO, MARCOS J Street Address (P.O. Box Number is Not Acceptable) 11445 NORTH BAY SHORE DRIVE NORTH MIAMI FL 33181 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 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	Make Check Payable to Department of State				
11. OFFICERS AND DIRECTORS			12.	AD	ODITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARUSO, MARCOS J 11445 NORTH BAY SHORE DRIV	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORTH MIAMI FL 33181 VPD ZEPEDA, JUAN N 18755 N.W. 62 AVE. #102 MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
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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 supplymental report is frue 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 emptioned 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.							

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: