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FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 24, 2002 8:00 am P01000039419 DOCUMENT # Secrétary of State 1. Entity Name 05-29-2002 90740 016 ***150.00 SPORT AUTO REPAIRS & SALES INC. Principal Place of Business Mailing Address 6915 MILLS RD 6915 MILLS RD 0 0 U U W WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, étc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . . . City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, EMILIANO Street Address (P.O. Box Number is Not Acceptable) 6915 MILLS RD WINTER PARK FL 32792 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE: ET COURS SIGNATURE ET COURS SIGNATURE (F COURS) SIGNATU SHARET LAW H. SOUTH (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 410 43 37 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition RODRIGUEZ, EMILIANO NAME NAME 6915 MILLS RD STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change 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 frustee 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 aggress, with all other less than 12 if the mpowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date

Daytime Phone #

Change

☐ Addition

CR2E034 (4/02)

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FOR PROFIT CORPORATION UNIFORM'BUSINESS REPORT (UBR)

AHachment 39/002. DOCUMENT # P01000039419 Sporty Auto Repair & Sales Inc. 6915 Mills Rd. Winter Park, F1. 32792 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6915 Mills Rd. 6915 Mills Rd. Suite, Apt. #, etc. Suite, Apt. N. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3721832 Applied For Winter Park, F1. Winter Park, Fl. Not Applicable 32792 County Orange 32792 Country
Orange \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Apent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. (MOTE: Registered Agent signature requir 9. This corporation is eligible to satisfy its intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 Amended UBR is \$61.25 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS TITLE President IME MAME Emiliano Rodriguez NAME STREET ADDRESS 6915 Mills Rd. STREET ADDRESS CITY - ST - 719 Winter Park, Fl. 32792 CR2E034B CITY-ST-ZP TITLE Vice-Presidente TITLE Edd Colon 6805 01d Cheney Hwy. Orlando, F1.32807 NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZEP CITY-ST-ZIP TITLE MILE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CFFY-ST-ZIP-TIME ---TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY-SI-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 suppliemental report is truo 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 inside, empowered as execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis of the corporation of the corp SIGNATURE:

Fmiliano Rodriguez