FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/3

05-30-2002 91598 028 ***158.75

DOCUMENT # PO1000067836 ✓

1. Entity Name

DIXIE CAR CARE

DO NOT WRITE IN THIS SPACE

95309

2. Principal Place of Business
819 N.E. 7th STREET
Suite, Apt. #, etc.

3. Mailing Address
819 N.E. 7th STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State HALLANDALE, FL
Zip 33009 Country USA

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4. FEI Number 22-3814162

| Applied For |
| Not Applicable |

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LESLY-ORIOL

Street Address (P.O. Box Number is Not Acceptable) 819 N.E. 7 STREET

City HALLANDALE FL Zip Code 33009

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 LESLY ORIOL _(signature)_
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

DATE 6-24-02

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LESLY ORIOL, PRESIDENT 819 N.E. 7th STREET HALLANDALE FL. 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: LESLY ORIOL _(signature)_ 4.30.02 (786)205-2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)