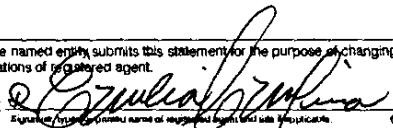
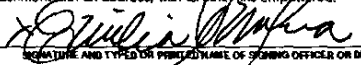


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000051196																																																																																																															
1. Entry Name MOLINA MOTORS INC																																																																																																															
Principal Place of Business 8004 NW 154TH STREET 300 MIAMI LAKES, FL 33016		Mailing Address 8004 NW 154TH STREET 300 MIAMI LAKES, FL 33016																																																																																																													
2. Principal Place of Business		3. Mailing Address																																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																													
City & State		City & State																																																																																																													
Zip	Country	Zip	Country																																																																																																												
4. FEI Number 04-3679599		Applied For Not Applicable																																																																																																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent MOLINA, EMILIA C 8004 NW 154TH STREET 300 MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name Molina, Emilia Street Address (P.O. Box Number is Not Acceptable) 8004 NW 154th Street # 383 City Miami Lakes FL Zip Code 33016																																																																																																													
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, the registered agent. SIGNATURE  DATE 4/21/03																																																																																																															
FILE MONTHLY FEE IS \$150.00 After May 15, 2000 Fee will be \$550.00 Meth. Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																													
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																															
SIGNATURE: 		DATE 4/21/03 905 623 8434																																																																																																													

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