FILED

Jul 15, 2003 8:00 am

(4/03)

CR2E034

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Secretary of State P02000085611 DOCUMENT # 07-15-2003 90022 009 ***150.00 1. Entity Name ALL AUTOMOTIVE DIAGNOSTIC CENTER, INC. Principal Place of Business Mailing Address JULTOUGO 12496 SW 128TH ST BA #111 12496 SW 128TH ST BA #111 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 12496 SW 128TH ST 12496_SW_128TH_ST Suite, Apt. #, etc. BA # 111 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES BA #111 City & State City & State 4. FEI Number Applied For MIAMI MIAMI 52-2371872 Not Applicable Zip 33186 Country U.S.A. Country U.S.A. \$8.75 Additional ₹₿186 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAM T. RABANO RABANO, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 12496 SW 128TH ST BA # 111 12496 SW 128TH ST BA #111 **MIAMI FL 33186** Zip Code 33186 MIAMI 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 registered agen 07-09-2003 SIGNATURE re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE . PSD TITLE ☐ Change ☐ Addition ☐ Delete RABANO, WILLIAM T NAME NAME STREET ADDRESS 12496 SW 128TH ST BA #111 STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP VTD ☐ Change Addition TITLE ☐ Delete TITLE **FELIPE. RIGOBERTO** NAME NAME STREET ADDRESS 12496 SW 128TH ST BA #111 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITL F ☐ Change Addition TITLE Delete 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 TITLE Delete TITLE ☐ Change Addition NAME NAME

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

07/09/2003

Daytime Phone #

Attachment# 90143083

FLORIDA	DEPART	MENT	OF R	EVEN	UE
ANNUAL.	REPORT	OR RE	INST	ATEM	ENT

EIN: 04-3589471

DOC#P02000085611

Re: ALL AUTOMOTIVE DIAGNOSTIC CENTER , INC.

July 9,2003

To Whom It May Concern,

As you request me I am sending this letter explain to you the reason why I did not file the annual Report of ALL AUTOMOTIVE DIAGNOSTIC CENTER, INC. located at 12496 SW 128TH STREET BA#111

Miami, FI 33186. Because I never received the form required.

If you any question do not hesitate contact me to (305) 338-2347.

Sincerely,

RABANO, WILLIAM T

President