2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2001 8:00 am Secretary of State

04-05-2001 90046 044 ***150.00

DOCUMENT # **P93000035643** 1. Entity Name A-1 MOBILE OIL CHANGING COMPANY, INC. Principal Place of Business Mailing Address 9504 SW 190 ST 9504 SW 190 ST MIAMI FL 33157 MIAMI FL 33157

Zip Country Zip Country 5. Certificate of Status Desired S8.75 Addition See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEDOMINICIS, JOHN 12403 SW 112TH TERRACE MIAMI FL 33186-4903 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 Signature, typed or printed name of registered agent and tible 8 applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS CITY-ST-2P TITLE DEDOMINICIS, JOHN STREET ADDRESS CITY-ST-2P MIAMI FL 33157 TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele								
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DEDOMINICIS, JOHN 12403 SW 112TH TERRACE MIAMI FL 33186-4903 Street Address IP Q Box Number is Not acceptable. City Mam FL 33186-4903 City Mam FL 33186-4903 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 Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when releastang) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEE ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE MAME NAME NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME NAME Change Chan		~ . 6Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent			
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TITLE NAME STREET ADDRESS 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 does not only 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 does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an officer or does not contain the same legal effect as if made under oath; that I am an offi	NAME Street address City-St-Zip	and it, that the information and it is	NA ST CI	ame Treet address Ity-st-zip	ion 110 07/2Vi) Florido Clobuto 1 funda		Addition	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.