## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P93000059697 1. Entity Name PERFORMANCE AUTO INTERNATIONAL, INC. 04-13-2001 90045 029 \*\*\*150.00 Mailing Address Principal Place of Business 10852 NW 27 STREET 10852 NW 27 STREET MIAMI FL 33172 MIAMI FL 33172 00035621 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0434763 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required ----7.-Name and Address of New Registered Agent-مترجد کے درجمت 6. Name and Address of Current Registered Agent ---Name MURILLO, FELIX JR. Street Address (P.O. Box Number is Not Acceptable) 10852 NW 27 STREET MIAMI FL 33172 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE MURILLO, FELIX JR. NAME NAME STREET ADDRESS 3097 N.W. 97 CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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 trustee empowered to effect 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.

SIGNATURE: SIGNATURE AND TOP FIGURE PRIMER OF SIGNING OF

SIGNING OFFICER OR DIRECTOR

1/2 01 (305) 716-0932

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