2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000085616 Feb 23, 2000 8:00 am **Secretary of State** GLOBAL AUTOS INC. 02-23-2000 90009 033 ***150.00 Mailing Address Principal Place of Business 1730 A. LEE RD. 1730 A. LEE RD. ORLANDO FL 32810 ORLANDO FL 32810 US 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 59-3214333 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARSHAD, JAVED Street Address (P.O. Box Number is Not Acceptable) 6757 SAMARA CT. ORLANDO FL 32829 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. SIGNATURE 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, 2000 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ARSHAD, JAVED NAME STREET ADDRESS STREET ADDRESS 10314 LA GUARDIA CT. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: January PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D