2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P93000085723 1. Entity Name ANDY'S AUTO TECH, INC.				Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90219 035 ***150.00				
Principal Place of Business 12496 S.W. 128TH ST. #108 MIAMI FL 33186 US		Mailing Address 12496 S.W. 128TH ST. #108 MIAMI FL 33186 US					i i i i i i i i i i i i i i i i i i i	
2. Principal Place of Business		3. Mailing Address		7			'	11 133 1111 112
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI N	4. FEI Number 65-0438157 Applied For			
Zip	Country	Zip	Country	5. Certi	ficate of Status Desired		\$8.75 Ad	ot Applicable Iditional
	6. Name and Address of Current R	egistered Agent		7. Nam	and Address of New	Registered	Fee Require	30
MODOAD	ANDOCO		Name		•			
12496 S.	O, ANDRES W. 128TH ST.	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	. 33186							
		City				FL	Zip Cod	le
8. The above	e named entity submits this statement for t	the purpose of changing its reg	istered office or registe	ered agent,	or both, in the State of F	lorida.		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstati	20)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. Iria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND D	IRECTORS	12.	ADDITIO	ONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORGADO, ANDRES 12496 SW 128TH STREET, #108 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ST MORGADO, SONIA 14843 SW 60 ST MIAMI FL 33193	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	. a	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
of the con	certify that the information supplied with the on this report or supplemental report is transportation or the receiver or trustee empower or on an attachment with an address, with	red to execute this report as re						

305.213-6364 Daytime Phone #

4-11-02