2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P95000036904 1. Entity Name FLAMINGO GAS & WASH, INC. 04-18-2001 90316 001 ***793.75 Principal Place of Business Mailing Address 12398 SW 3RD ST 12398 SW 3RD ST PLANTATION FL 33325 PLANTATION FL 33325 37685 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0605352 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEVIN COSTELLO, JAMES J JR. Street Address (P.O. Box Number is Not Acceptable) 10261 WEST BROWARD BLVD. PLANTATION FL 33324 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. 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CEO/D Change ☐ Addition TITLE TITLE ☐ Delete JAMES J. COSTEllo In. NAME NAME COSTELLO, JAMES J. JR STREET ADDRESS 1010 John's PT. DR. STREET ADDRESS 700 NW 100TH TERR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Delete D۷ TITLE TITLE COOK, KEVIN NAME NAME Kevin C. Cook STREET ADDRESS STREET ADDRESS 13030 NW 5TH ST CITY-ST-ZIP CITY-ST-ZIE PLANTATION FL ☐ Addition TITLE DT ☐ Detete TITLE Change NAME NAME MILLER, JEREL M. STREET ADDRESS STREET ADDRESS 9830 SW 15 DR CITY-ST-ZIP CITY-ST-ZIP DAVIE FL TITLE DS Delete TITI F ☐ Addition JAMES I COSTELLO SR. COSTELLO, JAMES J. SR NAME NAME PO DOU 157 STREET ADDRESS STREET ADDRESS 6801 NW 6TH CT CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 eddress, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

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TITLE

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SIGNATURE: _

CITY-ST-ZIP

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NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CE JAMES J Cos Tello JA.

1/9/a 407656 868

☐ Change

■ Addition

Daytime Phone

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