FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am P95000048045 DOCUMENT # **Secretary of State** 1. Entity Name 02-07-2002 90164 032 ***158.75 JAPANESE AUTOWORKS, INC. Principal Place of Business Mailing Address 1357 NW 88 AVE 1357 NW 88 AVE MIAMI FL 33172 **MIAMI FL 33172** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0590262 Not Applicable Zip Country Zip 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 PICHARDO, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 14070 S.W. 38 ST. 12970 S.W. 20TH TERRACE-MIAMI, TEL 33175 MIAMI FL 33175 --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 SIGNATURE. 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, 2002 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 11. 12. CR2E034 (9/01) ☐ Delete TITLE Addition TITLE PICHARDO, ORLANDO NAMÉ NAME 14070 S.W. 38 ST. 12970 SW 20 TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-7IP MIAMI 33175 TITLE ☐ Delete TITLE Change Change Addition PICHARDO, SAIDA NAME NAME 14070 S.W. 38 ST. STREET ADDRESS STREET ADDRESS 12970 SW 20 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 TITLE~ VP-- Delete -TITLE -Change___ Addition_ PICHARDO, LAZARO NAME NAME S.W. 37 TERR. 13961 STREET ADDRESS STREET ADDRESS 7085 W. 19TH CT CITY-ST-ZIP CITY-ST-ZIP 33175 HIALEAH FL 33014 MIAMI FL Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition 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 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.

REPRES DENT

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: