2003 FOR PROFIT CORPORATION

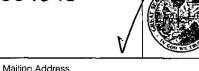
UNIFORM BUSINESS REPORT (UBR)

P95000054943 DOCUMENT

1. Entity Name CARPARK SERVICES, INC.

Principal Place of Business

SIGNATURE:



FILED May 22, 2003 8:00 am Secretary of State

305-796-3607

05-22-2003 90141 013 ***550.00

| 6915 MAIN ST MIAMI LAKES | | 6915 MAIN ST 228 MIAMI LAKES FL 33014 | | 1 100 1100 1 110 10111 0 1111 0 0 111 | 8184 8454 SIBIN 1814 BIGSN 1114 1881 | |
|--|---|--|---------------------------------------|--|--------------------------------------|--|
| 2 Principal F | Place of Business | 3. Mailing Address | | | | |
| 8860 SW 123 Ct 3785 NO 82 AVE SEEDS | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Stell Ste | | | | ☐ CHECK HERE IF MAI | KING CHANGES | |
| City & Stat | _/ | City & State | · · · · · · · · · · · · · · · · · · · | 4. FEI Number 65-0595910 | Applied For Not Applicable | |
| Zip 331 | 86 Liour Duelo | 33166 | Country Jado | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and Address of New Registe | red Agent | |
| IA HOZ I | FO D | | Name _ | - | · | |
| LA HOZ, LEO D 3785 NW 82 AVE STE 102 | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33166 | | | | | | |
| ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | City | | FL 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. I am familiar with, and accept the obligations of registered agent. | | | | | | |
| | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: R | legistered Agent signature require | ed when reinstating) Dr | ATE | |
| . After | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of \$ | State | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND D | IRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 11 | |
| TITLE | D DATE NOTICE | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| | PAGAN, MICHAEL 1865 KENNEDY CAUSEWAY, UNIT NORTH BAY VILLAGE FL 33141 | PH-B | NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition | |
| NAME | | | NAME OTREET ARRESON | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |

12. 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 10 or Block 11 if changed, or on an attachment with an adeless, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR