## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P95000083857 1. Entity Name AUSTRAL MOTORS, INC. 05-14-2001 90106 028 \*\*\*150.00 Principal Place of Business Mailing Address 2359 S. STATE RD. 7 2359 S. STATE RD. 7 HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 3. Mailing Address State Rd7 1300 S. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0626966 Not Applicable 5. Certificate of Status Desired \$8.75 Additional ₹013 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROJES, MARTIN S Street Address (P.O. Box Number is Not Acceptable 2359 S. STATE RD. 7 HOLLYWOOD FL 33g23 alts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named ent SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed same of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Same Same ☐ Addition □ Delete TITLE ROJKES, MARTIN S NAME 1300 Sistate Rd 7 STREET ADDRESS STREET ADDRESS 2359 S. STATE RD. 7 CTTY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 Same Delete TITI F ROJKES, DIEGO GASTON NAME 1300 S. State Rd7 Holly wood - FL 33023 STREET ADDRESS 2359 S. STATE RD. 7 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information surplies 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 reporties 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 employered 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DI

14-30-01

x (954) 983-7806

Daytime Phone #