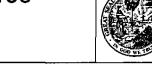
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P95000096196

1. Entity Name HARRY'S AUTO CARE, INC.



Principal Place of Business 7615 NORTHWEST 27 AVENUE Mailing Address

7615 NORTHWEST 27 AVENUE

UNIT B MIAMI FL 33147		UNIT B MIAMI FL 33147			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		—— ☐ CHECK HERE	
City & State		City & State		4. FEI Number 65-0628955	
Zip	Country	Zip	Co	untry	5. Certificate of Status Desired
····	Name and Address of Cu	rrent Registered Agent			Name and Address of New
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 3313				Name Street Address (P.O. Box Number is Not Acceptable	

FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90256 008 ***150.00



K HERE IF MAKING CHANGES

Applied For Not Applicable

> \$8.75 Additional Fee Required

of New Registered Agent

Zip Code

8. The above named entity submitethis 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.

SIGNATURÉ

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE \$ \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change HOO, MURIEL NAME NAME 7615 NORTHWEST 27 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33147 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HOO, HARRY C NAME NAME 7615 NORTHWEST 27 AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CHEN, ALICIA NAME NAME 7615 NORTHWEST 27 AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 attachme with an address, with all other like empowered

CITY-ST-ZIP

CITY-ST-ZIP

4/6/03 (305) 696-7905