2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplem of the corporation or the receiver

changed, or on an attachment

SIGNATURE:

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RIBER R.ZAYAS 5-1-00

DOCUMENT # **P96000045282** May 18, 2000 8:00 am Secretary of State ZAYAS AUTO SALES, INC. 05-18-2000 90351 012 ***150.00 Principal Place of Business Mailing Address 4011 W. FLAGLER ST., STE, 403 SERLENGE OF THE BUE HAME TE SSINE MIAMI FL 33134-1643 99222 Overseas Huy y Jargo FL. 33037. 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 65-0667516 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAYAS, ANSELMO Street Address (P.O. Box Number is Not Acceptable) 3501 NW ETH AVE. 99222 Overseas HWY Key targo, FL. 33037 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE ☐ Addition □ Delete TITLE ZAYAS, ANSELMO NAME NAME SECTION, ANDELLING 99222 OVErseas Hu STREET ADDRESS STREET ADDRESS Key targo, PC. 33037 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ZAYAS, RIDER R NAME HANTE Y9222 OVERSCAS HOUTEST ADDRESS WANTE Key Largo, FL. 33037 CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and