## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## **FILED** DOCUMENT # 1296000066463 May 01, 2000 8:00 am Secretary of State GLOBAL AUTOSERVICE, INC. 05-01-2000 90433 030 \*\*\*150.00 Principal Place of Business Mailing Address 201 RACQUET CLUB ROAD #N-421 201 RACQUET CLUB ROAD #N-421 FT. LAUDERDALE FL 33326-3120 FT. LAUDERDALE FL 33326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0749167 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, LUIS A Street Address (P.O. Box Number is Not Acceptable) 201 RACQUET CLUB RD. #N-421 FT. LAUDERDALE/FL 33326 Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE registered agent and title if applicable nature required when reinstating) FILE NOW!!! FEE IS \$15000A eligible to satisfy ts Intangible 9. This corporation 10: Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE GARCIA, LUIS A NAME NAME 201 RACQUET CLUB RD., #N-421 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Change ☐ Addition Delete TITLE CHACON-LOPEZ, MIRIAM NAME NAME 201 RACQUET CLUB RD. #N-421 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33326 CITY-\$T-ZIP ☐ Delete TITLE ☐ Change Addition TITLE GARCIA, NORMA NAME STREET ADDRESS 201 RACQUET CLUB RD., #N-421 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33326 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental repo of the corporation or the receiver of trustee

TED NAME OF SIGNING OFFICER O