DOCUMENT # P97000013147 FILED Feb 07, 2000 8:00 am SOUTH FLORIDA AUTO-GAS ENTERPRISES, INC. **Secretary of State** 02-07-2000 90060 009 ***150.00 Principal Place of Business Mailing Address 7411 SW 8TH STREET 4501 SW 146 COURT MIAMI FL 33175-6867 MIAMI FL 33144 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0735759 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALIBA, GEORGES Street Address (P.O. Box Number is Not Acceptable) 4501 S.W. 146TH COURT **MIAMI FL 33175** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible. FILE-NOW!!! FEE:IS-\$150.00-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME SALIBA, GEORGES NAME STREET ADDRESS STREET ADDRESS 4501 S.W. 146TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** TITLE Change ☐ Addition TITLE S ☐ Delete NAME SALIBA, GEORGES SR. NAME STREET ADDRESS STREET ADDRESS 4679 SW 153RD COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 Change ☐ Addition ☐ Delete TITLE TITLE SALIBA, MARISELA B NAME NAME STREET ADDRESS STREET ADDRESS 4501 SW 146TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change Addition Delete TITLE TITLE 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete

13. 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 11 or Block 12 if changed, or on an attachment with an address with all given the empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 26/1977