2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # P97000072857 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name AUTO LEGEND, INC. 09-12-2000 90010 016 ***550.00 Principal Place of Business Mailing Address 417 ENTERPRISES ST. 417 ENTERPRISES ST. OCOEE FL 34761 OCOEE FL 34761 2. Principal Place of Business 3. Mailing Address ENTERPRISE St ENTE Suite, Apt. #aetc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3464354 Not Applicable Country 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 MARTINEZ, OMAR A Street Address (P.O. Box Number is Not Acceptable) 2766 CAYMAN WAY ORLANDO FL 32812 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. DPS TITI F Change □ Addition TITLE ☐ Delete MARTINEZ, OMAR A NAME NAME STREET ADDRESS 2766 CAYMAN WAY ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 Change ☐ Addition TITLE ☐ Delete TITLE MELENDEZ, AGUSTIN M NAME NAME STREET ADDRESS **529 LITTLE LAKE COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 32834 - Change - Addition Delete TITLE - ~ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the receiver or trusfee 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 other like empowered.