2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P. 9800000 8907 Jul 05, 2000 8:00 am 1. Entity Name **Secretary of State** SAHMY'S HAND CARWASH, 05-19-2000 90084 049 ***150.00 Mailing Address 15810 SW 101 STREET 307653 HIAHI FL. 33196 3. Mailing Address P. O. Box 164422 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For IMAIM 65-0812761 Not Applicable Ζiρ Country \$8.75 Additional 33116 USP 5. Certificate of Status Desired Feé Réquired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAHUEL SIERRA Street Address (P.O. Box Number is Not Acceptable) 15810 SW 101 ST Zip Code FL 3. The above named entity submits this statement e purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 Func Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 P. ST CR2E034 (9/99) TITLE M Change □ Delete TITLE Addition HAME SAMUEL SIERRA STREET ADDRESS STREET ADDRESS 15810 Su CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-7IP... TITLE □ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Maddition Addition MANIF NAME STREET ADDRESS STREET ADDRESS DITY ST-ZIP CITY-ST-ZIP ante - Delete Change TITLE Addition NAME: STREET ADDRESS STREET ADDRESS 1 7 -- ST-ZIP --CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME SPREADORESS STREET ADDRESS att (- ST- ZIP CITY+ST-ZIP . i3. I nereby 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 other like empowered. BIGNATURE: Date Daytime Phone

5/19/00-90084-049-\$150.00-\$150.00 2000 UNIFORM BUSINESS REPORT (UBR) P. 9800000 8907 DOCUMENT # 1. Entity Name Attachmen 31)71,53 Sarwing Houd Carwash, I've 15810 SW 1015treet miami Fl 3. Mailing Address P. a box 16442) Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number .65-081-2761 --MiAM - Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired USA <u>33/16</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P.O. BOX SAMUEL SIETTA 164422 15-810-5w-101-Street Street Address (P.O. Box Number is Not Acceptable) Miami - Fl miani, F1 33196 33116 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 _> FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P.ST Change Addition ☐ Delete T/TLF TITLE NAME MAIAE samuel Sierra STREET ADDRESS STREET ADDRESS 15310 SW101 Street CITY-ST-ZIP CITY-ST-ZIP miAmi F1 33196 ☐ Addition ☐ Chance Oelete TITLE MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY_ST_ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change arte ☐ Detete TITLE NAME NAME

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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Oace