2003 FOR PROFIT CORPORATION

FILED Apr 14, 2003 8:00 am } Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000025547 DOCUMENT # 1. Entity Name 04-14-2003 90726 035 ***150.00 HIALEAH SPRINGS AUTO SALES, INC. Principal Place of Business Mailing Address UUUUUUU 1783 W 40 STREET 1783 W 40 STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0820538 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, BENITO Street Address (P.O. Box Number is Not Acceptable) 13634 SW 72 TERRACE **MIAMI FL 33183** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 . 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete FERNANDEZ, BENITO NAME NAME STREET ADDRESS 13634 SW 72ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE ۷D TITLE FERNANDEZ, REGLA NAME NAME STREET ADDRESS 13634 SW 72ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE Fernandez, Roger D NAME NAME 13634 SW 72ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME "STREET ADDRESS " STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ Delete

☐ Change

☐ Addition