2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 09, 2000 8:00 am Secretary of State DOCUMENT # P98000028753 1. Entity Name SUPERIOR AUTO DETAILING, INC. 05-09-2000 90023 040 ***150.00 Principal Place of Business Mailing Address 2041 NW 85TH AVE 2041 NW 85TH AVE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-3435 A 3057299 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0823531 Not Applicable Zip Country 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 Name SCOPA, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2041 NW 85TH AVE PEMBROKE PINES FL 33024 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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 Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE □ Change ☐ Addition ☐ Delete SCOPA, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 2041 NW 25 AVE CITY - ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Change ☐ Addition TITLE ☐ Delete TITLE GARCIA, VINCENT NAME NAME STREET ADDRESS 7821 NW 10TH ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-7IP - - Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SUPERIOR AUTO DETAILING INC BY: KICHARD J SOOPA PRESIDENT

4/20/00