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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033876 1. Corporation Name

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90174 039 ***150.00

YOU NE	VEH KNOW, INC.										
Principal Plac	a of Business	Mailing Address				<u> </u>				(BAIA ENIT HACK	
•		*									
14210 N.E. 10TH AVE. NO. MIAMI FL 33161 14210 N.E. 10TH AVE. NO. MIAMI FL 33161											
NO. MIAMI FL 33101							DO NOT WRI	TE IN THIS	SPACE		
	·					3. Date Incorpo	orated or Qualifed				
	•					04/14/19	98				
2. Principal P	lace of Business	2a. Mailing Address			4. F5 Number	002000	20	Ap	plied For		
21		26			65-6	18 <i>3099</i>	<u> 2 _</u>	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of	Status Desired		\$8.75 A			
22		27			01 001410040			Fee Re	quired		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be						
28						Trust Fund Contribution Added to Fces					
Zip				intry			ition owes the cur	rent year inta	angible	ook.	
24	25	29	30	,		Personal Pr	• •	.			
	9. Name and Address of Curren	nt Registered Agent		81	Nama	10. Name and	Address of New I	Kegisterea /	\gent		
CAE	O ASTRID			"	Name						
CARO, ASTRID 8539 N.E. 193 LN.				82	Street Add	dress (P.O. Box Num	ess (P.O. Box Number is Not Acceptable)				
	MI FL 33015										
min	WII 1 E 000 10			83							
				84	City			-	85 Zip C	Code	
				Щ				<u> </u>	1		
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized orida Stati	by the	e corporat	tion's board of direct	ors. I hereby acce	pt the appoir	itment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTI	E: Registered	Agent si	ignature requir	red when reinstating)		DATE			
12.	OFFICERS AT	ND DIRECTORS	13.				CHANGES TO OF				
TITLE	D	☐ DELETE	1.1 71	TLE		PARDOZO,	Augistu	in m		☐ Addition	
NAME	CARDOZO, CHRISTINA		1.2 N/	AME	10	AR. DOZO.	CITICISTIN	17 ///-			
STREET ADDRESS	14210 N.E. 10TH AVE.		1.3 \$1	1.3 STREET ADDRESS							
CITY-ST-ZIP	NO. MIAMI FL 33161		1.4 C		1	,				ŀ	
TITLE	,		1.4 CI	ITY-ST-Z	ZIP						
NAME		☐ DELETE	1.4 CF 2.1 TF	ITY-ST-Z	ZIP				Change	Addition	
STREET ADDRESS		☐ DELETE		TY-ST-Z	ZIP	,				Addition	
CITY-ST-ZIP		☐ DELETE	2.1 TI 2.2 N	TY-ST-Z		,				☐ Addition	
		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST	ITY-ST-Z TLE AME	DDRESS	,			☐ Change		
TITLE		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST	ITY-ST-Z TLE AME TREET AG	DDRESS	,				Addition	
TITLE NAME			2.1 TI 2.2 N/ 2.3 SI 2.4 C	ITY-ST-Z TLE AME TREET AG SITY-ST-Z TLE	DDRESS				☐ Change		
			2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI - 3.2 NV	ITY-ST-Z TLE AME TREET AG SITY-ST-Z TLE	DDRESS ZIP				☐ Change		
NAME			2.1 Ti 2.2 Nv 2.3 ST 2.4 C 3.1 Ti - 3.2 Nv 3.3 ST	TTY-ST-Z TLE AME TREET AL CITY-ST-Z TLE	DDRESS ZIP DDRESS				☐ Change	☐ Addition	
STREET ADDRESS			2.1 Ti 2.2 Nv 2.3 ST 2.4 C 3.1 Ti - 3.2 Nv 3.3 ST	TTY-ST-Z TLE AME TREET AL TLE AME TREET AL TREET AL	DDRESS ZIP DDRESS				☐ Change		
STREET ADDRESS		☐ DELETE	2.1 TI 2.2 NJ 2.3 ST 2.4 C 3.1 TI - 3.2 NJ 3.3 ST 3.4 C	ITY-ST-Z TLE AME TREET AG TITE AME TREET AG	DDRESS ZIP DDRESS				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TI 2.2 NV 2.3 ST 2.4 G 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV	ITY-ST-Z TLE AME TREET AG TITE AME TREET AG	DDRESS ZIP DDRESS ZIP				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1 TI 22 NV 2.3 SI 2.4 G 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 N 4.3 SI	ITY-ST-Z TLE AME TREET AG TLE AME TREET AG TRE	DDRESS ZIP DDRESS ZIP DDRESS				Change Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 . C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT	TY-ST-Z TLE AME TREET AL CITY-ST-Z TLE TLE TAME TREET AL	DDRESS ZIP DDRESS ZIP DDRESS				☐ Change	☐ Addition	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: