FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State ⊃OCUMENT# **P98000066732** JACKIE CANNON HUBCAPS & WHEELS INC. 04-27-2000 90057 003 ***150.00 Mailing Address Principal Place of Business 18000 NW 25TH CT. NW 25TH CT. MIAMI FL 33056-3610 FL 33056 948248 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0861474 Not Applicable \$8.75 Additional Zip Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent annor WIBLE, ROY S Street Address (P.O. Box Number is Not Acceptable) 16519 NW 27TH AVE. OPA LOCKA FL 33054 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 4-17-2000 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 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (9/99 Change Delete TITLE CANNON, JACKIE NAME NAME STREET ADDRESS STREET ADDRESS 18000 NW 25TH CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 receiver of yustee 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 a raddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SUMMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

CITY-ST-ZIF

4- 17-2000

305-973-3626

Daytime Phone #