FILED
Aug 24, 2001 8:00 am
Secretary of State
06-25-2001 90043 015 ***150.00
08-24-2001 90006 028 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091650

1. Entity Name: Auto Works Sales, Inc.

Principal Place of Business	Mailing Address
846 N.W. 8th Ave Ft. Lauderdale, Fl 33311	846 N.W. 8th Ave Ft. Lauderdale, Fl 33311

00010074

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
846 N.W. 8th Ave	P.O. Box 148
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fl	City & State: Ft. Lauderdale, Fl
Zip: 33311 Country: USA	Zip: 33302 Country: USA

4. FEI Number: 65-0916140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~Emanuele Marchese~~
846 N.W. 8th Ave
Ft. Lauderdale, Fl 33311

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number Is Not Acceptable)
City: FL 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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: ~~Registered Agent~~ NAME: ~~Emanuele Marchese~~ STREET ADDRESS: ~~P.O. Box 148~~ CITY-ST-ZIP: ~~Ft. Lauderdale Fl 33302~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Director NAME: Emanuele Marchese STREET ADDRESS: P.O. Box 148 CITY-ST-ZIP: Ft. Lauderdale, Fl 33302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 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.

SIGNATURE: Emanuele Marchese 6/19/01 954-469-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #