2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 21, 2001 8:00 am DOCUMENT # P98000098048 1. Entity Name **Secretary of State** XPRESS LUBES OF SOUTH FLORIDA, INC. 02-21-2001 90018 040 ***150.00 Principal Place of Business Mailing Address 7311 S.W. 41ST STREET 7311 S.W. 41ST STREET MIAMI FL 33155 MIAMI FL 33155 DAATATAA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0876788 nioni Not Applicable 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 GALLARDO, JOSE Street Address (P.O. Box Number is Not Acceptable) 7311 S.W. 41ST STREET **MIAMI FL 33155** 8. The above name the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE gent 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD Change TITLE ☐ Delete TITLE GALLARDO, JOSE NAME NAME ordo juse 7311 S.W. 41ST STREET STREET ADDRESS STREET ADDRESS th Augnul CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP VID. TITLE ☐ Addition 罐 Delete HYNDS, DON NAME NAME STREET ADDRESS 7311 S.W. 41ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** ☐ Change 🗻 ☐ Addition TITLE TITLE Delete NAME^{*} 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quarty by 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 accupate 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 mustee empowered to execute this people 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 employment.

AME OF SIGNING OFFICER OR DIRECTOR