| 2001 UNIFORM BUS   | SINESS REPO                            | RT             | (UBR)  |  |                |                 | _                       |
|--|--|----------------|--|--|----------------|-----------------|-------------------------|
| DOCUMENT # P99000019075  |  |                |  | page 152                                     |                |                 |                         |
| ALL PRO PAINT & BODY SHOP INC  |  |                |  | FILED  |                |                 |                         |
| Principal Place of Business Mailing Address  |  |                |  |  |                |                 |                         |
| 18751 SW 105 Pl 6437 SW 158 F<br>Wiami, FL 33193 Wiami, FL 33193   |  |                | Passage  | 01 DEC 24 AM II: 57                          |                |                 |                         |
| Miami, FL 33193 Miami, FL 33193  |  |                | 93   | SECRETARY OF STATE                           |                |                 |                         |
| •  |  |                |  |  |                | EE, FLOR        |                         |
| Principal Place of Business     3. Mailing Address   |  |                | •  |  | •              |                 |                         |
| Suite, Apt. #, etc.  | ulte, Apt. #, etc. Suite, Apt. #, etc. |                | ·····  | DÓ NOT WRITE IN THIS SPACE                   |                |                 |                         |
| City & State   | City & State                           | City & State   |  | 4. FEI Number                                |                |                 |                         |
| Zip Country Zip  |  | Country        |  | 5. Certificate of Status Desired             |                | \$8.75 Add      | t Applicable<br>Itional |
|  | of Backtored Accept                    |                |  | 7. Name and Address of New                   |                | Fee Required    | i .                     |
| 6. Name and Address of Current Registered Agent Name   |  |                |  | 7. Name and Address of Name                  | scargisteries  | - Agent         |                         |
| mario Suarez   |  |                | Street Address (P.O. Box Number is Not Acceptable) |  |                |                 |                         |
| 6437 SW 158 fassage<br>Liami, FL 33193   |  |                |  |  | <del></del>    | <del></del>     |                         |
| Wiami, FL  | 221.10                                 |                | 00.  |  |                | 7-0-4           |                         |
|  |  |                | City   | ····   | <u>FI</u>      | Zip Code        | <b>'</b>                |
| 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  Stynman, syded originated name of registered bont and the Happicasian (NOTE: Registered Agent signature required when mineraling)  9. This corporation is eligible to satisfy its Intangible   |  |                |  |  |                |                 |                         |
| Tex filing requirement and elects to do so. (See criteria on back)   |  |                |  | 16. Election Campaign<br>Trust Fund Contribu | sion.          | Added Added     | O May Be<br>to Fees     |
| TILE 2   | Delete                                 | 12.            |  | ADDITIONS/CHANGES TO 0                       | HICERS AN      | D DIRECTOR      | Addition 8              |
| Mario Suarez   |  | NA             | · • • • • • • • • • • • • • • • • • • •            |  |                |                 | 111                     |
|  | Miami, FC 33193                        |                | ET ADORESS<br>-ST-28P                              | 1000   | 047<br>171070  | <b>646</b> 6    | Addition 00             |
| TIME D'  | ☐ Delete                               | TITLE          |  | *  | ***150         | (III) Changes): | *E169e0                 |
| NAME LAZATO C. PRICE   | <del>3</del> 1.                        | NAME<br>STREET | ET ADDRESS   |  |                |                 |                         |
| CITY-ST-2P Hiami, FL 33  | 177                                    |                | ST-ZP  |  |                |                 |                         |
| TITLE<br>NAME  | ☐ Delote                               | TITLE          | i  |  |                | Change          | Addition                |
| STREET ADDRESS   |  | STREE          | ET ADDRESS   |  |                |                 |                         |
| CITY-SI-ZP   |  | -              | ST-ZP  | · · · · · · · · · · · · · · · · · · ·        | - <del>T</del> | <b>—</b>        |                         |
| TITLE NAME   | ☐ Delete                               | TITLE          |  |  |                | ☐ Change .      | Addition                |
| STREET ADDRESS   |  |                | T ADDRESS  |  |                |                 |                         |
| TITLE  | ☐ Delate                               | TITLE          | ST-20P   | · · · · · · · · · · · · · · · · · · ·        |                | Change          | Addition                |
| NAME   |  | NAME           | :  |  |                |                 |                         |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                | ET ADORESS<br>ST-ZIP                               |  | .0             | 13              | -                       |
| TITLE  | ☐ Defete                               | TITLE          |  |  |                | Change          | Addition                |
| NAME STREET ADDRESS  |  | NAME           | T ADURESS  |  |                | •               |                         |
| CITY-SI-ZP   | •                                      |                | SI-ZP  |  |                |                 | 1                       |
| 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 cath; that I am an officer or director of the corporation or the receiver or trustae emgowered 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:  BIGNATURE AND TYPED ON THE DESIGNANCE FROM DEVICE OR DIRECTOR  DEVICE PROPER   |  |                |  |  |                |                 |                         |

PAYC 20/2

## All Pro Paint & Body Shop Inc. DOC. # 1999000019075

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

PRESIDENT