FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90122 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000034293

1. Entity Name

DEI AUTO SERVICE, INC.



Principal Place of Business 40 N. BUMBY AVENUE ORLANDO FL 32803			40 N	Mailing Address 40 N. BUMBY AVENUE ORLANDO FL 32803				220022 <i>(</i> 6			
2. Principal Place of Business			3. Mai	3. Mailing Address				I SODIZADA NIO SOLIO IDENI DENI BOLIO DONI BODDO NIKI BUDIO 12010 12000 1111 120)			
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. 1	FEI Number 59-3578161 Applied For Not Applicable			
Zip		Country	Zip		Coun	try	5. (Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name	and Address of Cu	rrent Registere				7. 1	Name and Address of New Registered Agent			
DIA7 ALE	DEDTO M						Name				
DIAZ ₁ : ALE 7525, LIVE	ER POOL BL	VD. —				Street A	dress (P.O. B	Box Number is Not Acceptable)			
ORLANDO FL 32807								****			
<i>Æ</i>	` \	•				City		FL Zip Code			
	named entity tions of registe		ent for the purp	ose of changing its	registere	ed office or	registered ag	gent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE .	*										
•	Signature, typed o	r printed name of registere	d agent and title if app	olicable. (NOTE	: Registere	d Agent signatu	re required when re	reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o			0.00	State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	7.	OFFICERS	AND DIRECTO	DIRECTORS 11.			AD	L DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P → DIAZ, AL S 7525 LIVEI ORLANDO	RPOOL BLVD	-	☐ Delete				. ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS : CITY-ST-ZIP				□ Delete				☐ Change ☐ Addition			
TITLE NAME Street Address City-St-Zip				☐ Delete			i de la companya de	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in.		☐ Delete			~	☐ Change ☐ Addition			
TITLE NAME Street address City-St-Zip				☐ Delete				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete				☐ Change ☐ Addition			

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🚄