2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # P99000036832 OSCAR AUTO REPAIR, INC. 01-27-2000 90123 015 ***150.00 Mailing Address Principal Place of Business 940 S.W. 69TH AVENUE 940 S.W. 69TH AVENUE MIAMI FL 33144-4731 MIAMI FL 33144 B0008486 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEL Numbe City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAROLD, JEROME D Street Address (P.O. Box Number is Not Acceptable) 9999 N.E. 2ND AVE. STE. 118 MIAMI SHORES FL 33138 Zip Code City FL 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VICE PRESIDERY ☐ Addition TITLE ☐ Delete HAROLD, JEROME D NAME NAME 940 S.W. 69TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 Addition Change ☐ Delete TITLE TITLE EbUANDO B. MATON NAME Carlotte St. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dr. Alexandro D. PLATON (SECRETA) 16361 S.W 10 STROP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS PEMBASHE PINES, CITY-ST-7IP CITY-ST-ZIP TREASUREA. TITLE Change Addition □ Delete NAME NAME Josefina Fuer STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ation sometimes with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the first property of the state 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 officers of the first property of the same legal effect as if made under oath; that I am an officer or director of the first property of the fi 13. I hereby certify that the information supply indicated on this report or supplem of the corporation of the receiver changed, or an an attachment

ESUANDO B. Platan (Prasident

SIGNATURE

SIGNATURE AND TYPE