2000 UNIFORM BUSINESS REPORT (UBR) DQCUMENT # P99000046130 Apr 06, 2000 8:00 am **Secretary of State** Salazar Hand Car Wash 04-06-2000 90034 029 ***150.00 10136 SW 163rd Place miami, Florida 33196 00053222 10136 SW 1637d Place 10136 SW 163rd YIGGE DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Applied For City & State 4. FEI Number City & State APPlied יובראטוען. Not Applicable miami \$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 House Trullenaux, braits this etalement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named entity applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition LUIS A. Salazar Change □ Delete A. Salazor Luis NAME NAME P/5/ P P1510 STREET ADDRESS STREET ADDRESS 10136 S.W. 163rd Place 10136 S.W. 163rd Place CITY-ST-ZIP TITLE Miami, 71a 33196 micomin Ha 33196 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JULY CONTOS SOLOZON June Carles Salazar Delete *Addition TITLE NAME NAME 10136-5-W-163rd Place-10136 Siv. 163rd-Place STREET ADDRESS STREET ADDRESS miami, FL 33196 CITY-ST-ZIP CITY-ST-ZIP Miami, Fla 33196 Change ☐ Addition TITLE TITLE VPID NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling 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 of 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. SIGNING OFFICER OR DIRECTOR