2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000052564** 1. Entity Name FLORIDA DEALER SERVICES CORP. 04-18-2000 90137 048 ***150.00 Principal Place of Business Mailing Address 14173 SOUTHWEST 142ND AVENUE 14173 SOUTHWEST 142ND AVENUE MIAMI FL 33186-8505 **MIAMI FL 33186** 3. Mailing Address 2. Principal Place of Business 99 LANE LAUS 11810 S.W, DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State mAM. Not Applicable mam Country \$8.75 Additional Country Fee Required -Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 3186 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name entity submits th (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD DSVALDO SW 99 LANE Change ☐ Delete TITLE LASO, LASO, OSVALDO NAME NAME 'sω 11810 STREET ADDRESS 14173 SOUTHWEST 142ND AVENUE STREET ADDRESS tu 33186 mam CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Addition Delete Change TITLE PEREZ, EDUARDO NAME NAME 14173 SOUTHWEST 142ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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 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 11 or Block 12 if changed, or on an attach executive that an address with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 805-345-910 E