

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90392 013 ***150.00

DOCUMENT # P99000066098

1. Entity Name
PIPO'S AUTOMOTIVE & PERFORMANCE, INC

Principal Place of Business 3080-C MICHIGAN AVE KISSIMMEE FL 34744	Mailing Address 3080-C MICHIGAN AVE KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3080 - D MICHIGAN AVE	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KISSIMMEE FL	City & State
Zip 34744	Country OSCEOLA

4. FEI Number 59-3589494	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**QUINONES, YADIRA
 66 BLACKBERRY CREEK DR
 ST CLOUD FL 34769**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINONES, YADIRAA 66 BLACKBERRY CREEK DR ST CLOUD.FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, CARMEN A 909 MESA OAK COURT KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERA, FELIX J 909 MESA OAK COURT KISSIMMEE FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: YADIRA QUINONES **4-20-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)