2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000076143 Mar 10, 2000 8:00 am **Secretary of State** THE AUTO EXCHANGE, INC. 03-10-2000 90034 018 ***150.00 Mailing Address Principal Place of Business 9036 ORANGE AVE. 9036 ORANGE AVE. ORLANDO FL 32824-8305 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agenta 7. Name and Address of New Registered Agent Name BORRERO, JERRY Street Address (P.O. Box Number is Not Acceptable) 14524 ASTINA WAY ORLANDO FL 32837 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9: This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition SECRETARY TITLE ☐ Delete TITLE BORRERO, JERRY MOHAMMED NAME NAME 2958 KRISTIN 14524 ASTINA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 KISSIMMEG Addition Delete VICE PRESIDENT Change TITLE RAMEZANIPOOR, RAHMAN NAME MOHAPIPIBO BASSI STREET ADDRESS 695 GRAPE AVE. STREET ADDRESS 2958 KRISTIN CT CITY-ST-ZIP ST. CLOUD FL 34769 CITY-ST-ZIP K1551MMEE · Delete* TITLE Change — Addition TITLE NAME 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied and it 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 Justee 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.