2000 UNIFORM BUSINESS REPORT (UBR)

8/11
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FILED
Sep 18, 2000 8:00 am
Secretary of State
08-11-2000 90070 001 ***150.00
08-11-2000 90070 002 ***150.00

DOCUMENT # P99000079458

1. Entity Name

FIRST CLASS AUTO SALES, INC.

Principal Place of Business	Mailing Address
414 S ORANGE BLOSSOM TRAIL ORLANDO FL 32805	414 S ORANGE BLOSSOM TRAIL ORLANDO FL 32805-2531

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
414 S. Orange Blossom Tr	414 S. Orange Blosom Tr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32805 Country: U.S.A	Zip: 32805 Country: U.S.A.

4. FEI Number: 52-2200568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, NANDY DE JESUS 404 LA PAZ DR KISSIMMEE FL 34743	Name: Fernandez Nandy Street Address (P.O. Box Number is Not Acceptable): 404 La Paz Drive City: Kissimmee FL Zip Code: 34746

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) DATE

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Nandy Fernandez 404 La Paz Dr. Kiss. Fl. 34743 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] (407) 468-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #