FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 3:52

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079458

1. Entity Name
FIRST CLASS AUTO SALES, INC.

Principal Place of Business	Mailing Address
414 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US	414 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US

2. Principal Place of Business		3. Mailing Address	
		3364 Wilderness Trl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kissimmee, FL.	
Zip	Country	Zip 34746	Country

☑ CHECK HERE IF MAKING CHANGES

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

FERNANDEZ, NANDY DE JESUS
404 LA PAZ DR
KISSIMMEE, FL 34746

7. Name and Address of New Registered Agent

Name Fernandez, Nandy De Jesus
Street Address (P.O. Box Number Is Not Acceptable) 3364 Wilderness Tr
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE x [signature] 5-8-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC FERNANDEZ, NANDY 3364 WILDERNESS TRL KISSIMMEE, FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VMVP FERNANDEZ, SUZANNA 3364 WILDERNESS TRL KISSIMMEE, FL 34746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] 5-8-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/20
ao