2001 UNIFORM BUSINESS REPORT (UBR) Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P99000103331 1. Entity Name RENE AUTO REPAIRS INC. 04-12-2001 90042 035 ***150.00 Mailing Address . --Principal Place of Business - - -901 E LOTUS AVE 901 E LOTUSTAVE TAMPA FL 33612 TAMPA FL 33612 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3589170 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jimenez, rene a Street Address (P.O. Box Number is Not Acceptable) 901 E LOTUS AVE **TAMPA FL 33612** Zip Code City 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) 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, 2001 Fee will be \$550.00 -Tax filling requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete peryss TITLE NAME JIMENEZ, RENE A NAME Springwood STREET ADDRESS 1317 ROBSON STREET STREET ADDRESS Tamps Fl 3362 CITY-ST-ZIP CITY-ST-7IP Tampa FL 33604 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ 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

13. I hereby certify that the information supplied with this filling 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 AND PPED OR PRINTED NAME OF ACKNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description

CITY-ST-ZIP

CITY-ST-ZIP