2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am Secretary of State P99000105711 **DOCUMENT #** 1. Entity Name MELRAY MOTORS, CORP. 09-06-2001 90269 030 ***550.00 Principal Place of Business Mailing Address .7406 NW. 8TH. ST. 7406 NW 8TH ST MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #: etc. ___ DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0966056 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARIOS, MELBA M Street Address (P.O. Box Number is Not Acceptable) 7406 NW 8TH ST **MIAMI FL 33126** Zip Code 8. The above named entity bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tex-filling-requirerrient and elects to: de-so? After September-12, 2001-Fee will be \$750.00 Trust:Fund Contribution. Added to Fees: (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition LARIOS, MELBA M NAME NAME STREET ADDRESS 7406 NW 8TH ST STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Secretary Addition SECRETARY TITLE ☐ Delete ☐ Change TITLE BAU BODVIGUEZ NAME NAME 7406 NW 85+. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete · Change -- Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND OFFICER OR DIRECTOR

8-28-01

FILED

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