2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$39928** Mar 01, 2000 8:00 am 1. Entity Name Secretary of State SINGH'S AUTO REPAIR, INC. 03-01-2000 90049 046 ***150.00 Principal Place of Business Mailing Address 12270 N.E. 13TH COURT 12270 N.E. 13TH COURT MIAMI FL 33161-6518 MIAM! FL 33161 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0252712 Not Applicable Country Zip **\$8.75**_Additional 5. Certificate of Status Desired-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMSOOKSINGH, RAMSINGH Street Address (P.O. Box Number is Not Acceptable) 12270 N.E. 13TH COURT MIAMI FL 33161 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE RAMSOOKSINGH, RAMSINGH NAME NAME STREET ADDRESS 12270 N.E. 13TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

SIGNATURE: