2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 30, 2001 8:00 am **DOCUMENT # V61567 Secretary of State** APOLLO AUTO ELECTRIC, CORP. 01-30-2001 90158 041 ***150.00 Principal Place of Business Mailing Address 2734 N.W. 21ST TERRACE 2734 N.W. 21ST TERRACE MIAMI FL 33142 MIAMI FL 33142 N 4160 (2014 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (1011 (2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0354221 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ, NICK Street Address (P.O. Box Number is Not Acceptable) 2734 N.W. 21ST TERRACE **MIAMI FL 33142** City Zip Code 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (10/00) TITLE ☐ Change ☐ Addition MARTINEZ, NICK NAME NAME 13420 S.W. 80TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition BLANCO, VICTOR J. NAME NAME 55 N.W. 7TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐.Change ☐ Addition TITLE SANTANA, FRANK O. NAME NAME 12353 S.W. 94TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 receive or trustee empoyers 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 attachmore with an appears with all other like supposers.

G OFFICER OR DIRECTOR