

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90094 005 ***150.00

DOCUMENT # K11516

1. Entity Name
79TH STREET AUTO SALE, INC.

Principal Place of Business Mailing Address
472 NW 79TH STREET **472 NW 79TH STREET**
MIAMI FL 33150 **MIAMI FL 33150-2871**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0027929 Not-Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

C0029296



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALDES, CARLOS
472 N.W. 79TH STREET
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name **CARLOS Valdes Jr**
 Street Address (P.O. Box Number is Not Acceptable) **472 NW 79th Street**
 City **Miami** FL Zip Code **33150**

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]* **CARLOS Valdes Jr** DATE **01-12-00**
Signature typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	VALDES, CARLOS	
STREET ADDRESS	991 W. 36TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALDES, LIZETTE	
STREET ADDRESS	991 W. 36TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALDES, CARLOS JR	
STREET ADDRESS	991 W. 36TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pizette Valdes Dayoub	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pizette Valdes Dayoub	
STREET ADDRESS	991 W 36 ST	
CITY-ST-ZIP	Hialeah fl 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **CARLOS Valdes Jr** Date **010200** Daytime Phone # **305-477-3720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)