2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State L76450 DOCUMENT # 1. Entity Name CESAR'S MOTORS, CORP. 05-07-2002 90226 001 ***150.00 Principal Place of Business Mailing Address 6452 SW 4TH ST 6452 SW 4TH ST **MIAMI FL 33144** MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address <u>9275 SW 8 TERR</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State MIAMI, 4. FEI Number Applied For 65-0193767 FLNot Applicable Zip 33174 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, CESAR RODRIGUEZ, CESAR 6452 SW 4 ST **MIAMI FL 33144** CityMIAMI Zip Code 4 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. DPS TITLE ☐ Delete Addition RODRIGUEZ, CESAR RODRIGUEZ, CESAR NAME NAME 6452 SW 4 ST STREET ADDRESS STREET ADDRESS 9275 SW 8 TERR CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP MIAMI, FL 33174 TITLE TITLE ☐ Change ☐ Delete Addition NAME RODRIGUEZ, RAMON NAME STREET ADDRESS 7231 SW 132 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33183** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Director

Feb. 16/02

(305) 261-4080

Daytime Phone #

FILED