

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90095 018 ***150.00

DOCUMENT # P01000089759
 1. Entity Name
CEFISA AUTO SALES, INC.

Principal Place of Business Mailing Address
1605 EMILY CT **1605 EMILY CT**
KISSIMMEE FL 34743 **KISSIMMEE FL 34743**

B0111583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9781 S. ORANGE BL. TRAIL **9781 SOUTH ORANGE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
ORLANDO, FLORIDA **BLOSSOM TRAIL**
 City & State City & State
ORLANDO FLORIDA
 Zip Zip Country Country
32837 **ORANGE** **32837** **ORANGE**

4. FEI Number Applied For
59-374 5596 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DOMINGUEZ, JUNIOR R
1605 EMILY CT
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2442 PARSONS POND CIRCLE
 City **KISSIMMEE** **FL** Zip Code
34743

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, JUNIOR R	
STREET ADDRESS	1605 EMILY CT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, NANCY	
STREET ADDRESS	1605 EMILY CT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 04/12/02 321-443-1796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)