FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

TARGET AUTO BROKERS INC.

DOCUMENT # 1

1. Entity Name

FILED May 07, 2002 8:00 am Secretary of State

05-07-2002 90239 002 ***150.00

1	OO NOT WRITE	IN THIS S	PACE		•
2. Principal Place of Business 3. Mailing Address 6429 15th St. E. 7927 Long have Blvd.				7 /	
6429 15th St. E., 7927 Long bar Suite, Apt. #, etc. Suite, Apt. #, etc.			BAY DI	IVA(·	
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE
City & State City & State					4. FEI Number Applied For
SARASOTA, FL SARASOTA, FI			F(01-0592079 Not Applicable
Zip 3424	Country USA	Zip 34243	Country	USIA	5. Certificate of Status Desired \$8.75 Additional Fee Required
				(7. Name and Address of Current Registered Agent
DO NOT MINER				Vame Lil. Hiam	Chons.
DO NOT WRITE				Street Address	(P.O. Box Number is Not Acceptable)
IN THIS SPACE				7927ーして	ong bry Blud,
	114 11110 017	-UL			5 .
*				City SARA	sota FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registre					
u. Me above ii	A	the purpose of changing its	s registered o	office or registe	ered agent, or both, in the State of Florida.
CIONATURE	18/1/2	,			84 A1 . 3
SIGNATURE	ignature, typed or printed name of registered agent and	title if applicable. (NOTI	E: Registered Age	ent signature required	ed when reinstating)
This corpora	ation is eligible to satisfy its Intangible	January 1 - M			DAIL .
Tax filing red	quirement and elects to do so.	After May	1, Fee is \$	550.00	10. Election Campaign Financing \$5.00 May Be
(See criteria		Amender Make Check Payab	d UBR is \$	61.25 stmont of Sta	Trust Fund Contribution Added to Food
(11.)	OFFICERS AND DI		ne to peha	Tunent of Sta	ale
TITLE	PRESIDENT	*	TITLE		
NAME	PRESIDENT WILLIAM CHONG- 7927 LONG-BAY B		NAME		
	7927 LONG-BAY B	Proto	STREET AD	ODRESS	'
CITY-ST-ZIP	SARASOTA, FL 3	4243	CITY-ST-2	ZIP	
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NAME			NAME		IN THIS SPACE
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NAME STREET ADDRESS			NAME		}
CITY-ST-ZIP			STREET ADD	•	
	ify that the information cumplied with the	s filing does got available for			
indicated on	this report or supplemental report is true	s aming does not quality for t e and accurate and that my	me exemptic	on stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 1/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

941-720-7253

Daytime Phone