


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90816 030 ***150.00

DOCUMENT # P02000066655
1. Entity Name
TOYOCAR'S, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8811 Fountain blvce
Suite, Apt. #, etc.
#308
City & State
Miami, FL
Zip
33162 Country
DDDD

3. Mailing Address
Blvd 10
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

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4. FEI Number
02-0621895
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name
ROSA GARCIA
Street Address (P.O. Box Number is Not Acceptable)
8811 Fountain blvce Blvd #308
Miami, FL 33162
City
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>P</u> <u>Jose Acuña</u> <u>8811 Fountain blvce Blvd</u> <u>Miami, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>S</u> <u>Ligia Vega-Leon</u> <u>8811 Fountain blvce Blvd</u> <u>Miami, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>T</u> <u>Rosa Garcia</u> <u>8811 Fountain blvce Blvd</u> <u>Miami, FL 33162</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosa Garcia Date 04/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)