

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90254 036 \*\*\*150.00

0244523

**DOCUMENT # P94000019937**

1. Entity Name  
**CONSUMER AUTOS, INC.**

Principal Place of Business      Mailing Address  
 2430 N. DIXIE HIGHWAY      2430 N. DIXIE HIGHWAY  
 WILTON MANORS FL 33305      WILTON MANORS FL 33305

*CONSUMER Auto INC*  
 2. Principal Place of Business  
**2430N DIXIE HWY**

3. Mailing Address  
*Same*  
 Suite, Apt. #, etc.

City & State  
**FT Lauderdale FL**

City & State

4. FEI Number **65-0473819**

Applied For  
 Not Applicable

Zip  
**33305**

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**VARGAS, ROSANNE**  
**1405 CHAPPARD COURT**  
**WELLINGTON W. PALM BEACH FL 33414**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE *ROSANNE Vargas*

Signature, typed or printed name of registered agent and job 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, 2001 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  Delete  
**P**  
 NAME **ANDAR, SHIR M**  
 STREET ADDRESS **1039 N.E. 17TH AVENUE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33307**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*SHIR ANDAR*      04-19-01 (954)568-3717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)