

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90052 027 \*\*\*150.00

**DOCUMENT # P97000002800**

1. Entity Name  
**J.O.J. AUTO SALES, CORP.**

Principal Place of Business <b>9695 N.W. 79TH AVENUE          BAY 16          HIALEAH GARDEN FL 33016</b>	Mailing Address <b>9695 N.W. 79TH AVENUE          BAY 16          HIALEAH GARDEN FL 33016</b>
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2. Principal Place of Business <del>4826 SW 75 AVE</del> Suite, Apt. #, etc. <b>MIAMI FL</b> City & State	3. Mailing Address <del>4826 SW 75 AVE</del> Suite, Apt. #, etc. <b>MIAMI FL</b> City & State
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DO NOT WRITE IN THIS SPACE

Zip <b>33155</b> Country <b>U.S.A</b>	Zip <b>33155</b> Country <b>U.S.A</b>
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4. FEI Number <b>65-0719097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**MOSTOWYK, OSCAR**  
**9695 N.W. 79TH AVENUE**  
**BAY 16**  
**HIALEAH GARDEN FL 33016**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>MOSTOWYK, OSCAR</b> <b>9695/16 79 AVE.</b> <b>HIALEAH GARDEN FL 33016</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARMANDO, GARCIA</b> <b>9695 NW 79TH AVE</b> <b>HIALEAH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Julio Oscar Mostowyk* Date: 04-23-01  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (305) 775-3082

CR2E034 (10/00)