

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0412989 AV

DOCUMENT # **P97000022400**

1. Entity Name
DEERFIELD AUTO TAG AGENCY, INC.



05-02-2003 90238 017 ***150.00

Principal Place of Business
**1600 W HILLSBORO BLVD
ROOM #181
DEERFIELD BEACH FL 33442
US**

Mailing Address
**1600 W HILLSBORO BLVD
SUITE #181
DEERFIELD BEACH FL 33442**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0749050**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPINEL, PAULINO
14936 SW 104TH ST UNIT #20
MIAMI FL 33196**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST ESPINEL, PAULINO III	14251 SW 152 PL	MIAMI FL 33196	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VICE PRES. JESUS A. MARTINEZ	12090 SW 100 ST	MIAMI, FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER PAULINO ESPINEL JR.	12090 SW 100 ST	MIAMI, FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY MICHAEL ESPINEL	12090 SW 100 ST	MIAMI, FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paulino Espinel III** Date **4/28/03** Daytime Phone # **786-255-8775**

CR2E034 (10/02)