FILED

2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am Secretary of State P98000020361 DOCUMENT # 1. Entity Name 03-12-2002 90027 024 ***150.00 PALMETTO AUTO SALES CORP. Principal Place of Business Mailing Address 2577 W 80 STREET 2577 W 80 STREET HIALEAH FL 33016 HIALFAH EL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0186270 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -----Name RICHARDO, MARBEN Street Address (P.O. Box Number is Not Acceptable) 9066 NW 192 TERR **MIAMI FL 33018** City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ☐ Delete TITLE TITLE Change Addition NAME PICHARDO, MARBEN P NAME CR2E034 9066 NW 192 AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33018** CITY-ST-ZIP TITLE ~ Delete ☐ Change ☐ Addition TITLE NAME BENCOSME, NORBERTO NAME STREET ADDRESS STREET ADDRESS 9066 NW 192 AVE CITY-ST-7IP CITY-ST-7IP HIALEAH GARDENS FL 33018 TITLE Delete . TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NĂME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.