2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # P95000097426

1. Entity Name: General Business Resources of Fla Inc

DBA Miami Fine CARS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 22 PM 2:42

Principal Place of Business	Mailing Address
88 S. River Dr.	10050 SW 51 Terr
Miami, Fl 33130	Miami Fl 33165

2. Principal Place of Business	3. Mailing Address
88 S. River Drive	10050 SW 51 terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami, FL
Zip: 33130 Country: USA	Zip: 33165 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0632679 ☐ Applied For ☐ Not Applicable

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
Magtail, Carl L ESQ	Name
1491 NW N. River Drive	Street Address (P.O. Box Number is Not Acceptable)
Miami Fl 33125	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JOEL Hernandez 10714 SW 55 St Miami, Fl 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Manuel Hernandez 10050 SW 51 Terr Miami, Fl 33165	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300004560593--5 -08/28/01--01093--020 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/4/23	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ JOEL HERNANDEZ President 8/17/01 (305)273-7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #