

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11621

1. Entity Name

MIAMI-DADE AUTO TAG ASSOCIATION, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90670 024 ****61.25

Principal Place of Business	Mailing Address
1855 S DIXIE HWY MIAMI FL 33157 US	18655 S DIXIE HWY MIAMI FL 33157 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	Applied For
59-2601784	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIESCA, JOSEPH
18655 S DIXIE HWY
MIAMI FL 33157

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
--------------------------	--	---

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SOROSKY, EUGENE E.	
STREET ADDRESS	1375 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LAVIESCA, JOSEPH	
STREET ADDRESS	18655 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOLEMAN, MARY M	
STREET ADDRESS	12935 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLE, PAC	
STREET ADDRESS	11287 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COWART, LON	
STREET ADDRESS	20-B WEST 49TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERRAND, MARY	
STREET ADDRESS	30708 S FEDERAL HWY	
CITY-ST-ZIP	HOMESTEAD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA DE OROZCO	
STREET ADDRESS	1550 W 84TH SUITE 75	
CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: _____ DATE: 4/22/02 DAYTIME PHONE: 305 252 3397