

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*  
DOCUMENT # 258781

1. Entity Name

WESTBROOK MOTORS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

1759 PALM AVE  
Suite, Apt. #, etc.

1759 PALM AVE.  
Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA  
Zip Country

City & State

HIALEAH, FLORIDA  
Zip Country

4. FEI Number

500007769505--9

-09/16/02--01051--010

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MANUEL L MARONO

Street Address (P.O. Box Number is Not Acceptable)

1759 PALM AVE.

City

HIALEAH

FL

Zip Code

33010

**DO NOT WRITE  
IN THIS SPACE**

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

*Manuel L Marono*

MANUEL L MARONO VP

10/01/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
P  
ROBERT J MURIEDAS  
1759 PALM AVE. HIALEAH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500007769505--9

-10/11/02--01059--013

\*\*\*\*\*35.00 \*\*\*\*\*35.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MANUEL L MARONO  
1759 PALM AVE. HIALEAH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PETER F. HERNANDEZ  
1759 PALM AVE. HIALEAH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*JP 10/10*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT J MURIEDAS

10/01/02

305-436-0474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)