

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 454726**1. Entity Name  
**HABANA AUTO SALES, INC.****Principal Place of Business**

2368 S.W. 8TH ST.

MIAMI  
331354916

FL

**Mailing Address**

2368 S.W. 8TH ST.

MIAMI  
331354916

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-1536188**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ORTA, ANGELA  
2365 S.W. 19TH TERR.MIAMI  
33145

US

FL

**7. Name and Address of New Registered Agent**

Name

ORTA ANDRES

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

13430 SW 1ST STREET

City  
MIAMI

FL

Zip Code  
33184

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 **ANDRES ORTA**

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

(NOTE: Registered Agent signature required when reinstating)

**03/19/2001**

DATE

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**

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          | M                    | <input type="checkbox"/> Delete |
| NAME           | URTA ANDRES          |                                 |
| STREET ADDRESS | 2365 S.W. 19 TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |
| TITLE          | S                    | <input type="checkbox"/> Delete |
| NAME           | SANCHEZ JOSE R       |                                 |
| STREET ADDRESS | 3041 N.W. 14TH ST.   |                                 |
| CITY-ST-ZIP    | MIAMI FL 33125       |                                 |
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | ORTA, ANGELA         |                                 |
| STREET ADDRESS | 2365 S.W. 19 TERR.   |                                 |
| CITY-ST-ZIP    | MIAMI FL             |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | M                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SANCHEZ JOSE R       |  |
| STREET ADDRESS | 3041 NW 14TH STREET  |  |
| CITY-ST-ZIP    | MIAMI FL 33125       |  |
| TITLE          | MD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ORTA ANGELA          |  |
| STREET ADDRESS | 2365 S.W. 19 TERRACE |  |
| CITY-ST-ZIP    | MIAMI FL 33145       |  |
| TITLE          | VST                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ORTA CARMEN B        |  |
| STREET ADDRESS | 13430 SW 1ST STREET  |  |
| CITY-ST-ZIP    | MIAMI FL 33184       |  |
| TITLE          | PDC                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ANDRES ORTA          |  |
| STREET ADDRESS | 13430 SW 1ST STREET  |  |
| CITY-ST-ZIP    | MIAMI FL 33184       |  |
| 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    |                      |  |

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: ANDRES ORTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PDC

03/19/2001

Date

Daytime Phone #

CR2E034 (11/00)