## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 01, 2000 8:00 am Secretary of State 05-01-2000 90478 034 \*\*\*150.00 **DOCUMENT # 596948** 1. Entity Name SUAREZ AUTO SALES,INC.

Principal Place of Business		Mailing Address						
1211 E 8TH AVE 		1211 E 8TH AVE HIALEAH FL 33010-3705		0001000				
				1 111111	14:10 14:11 0:11:0 10:11 0:10:1		IR <b>010</b> 10 3 <b>00</b> 4	
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 59-1894486 Applied For				
Zip Country		Zip Country		<del>                                     </del>		\$8.75 Add	ot Applicable ditional	
,					Certificate of Status Desired			
	6. Name and Address of Current R	egistered Agent	Name	7. Name and	Address of New Register	ea Agent		
SANTAMARIA, JORGE				Street Address (P.O. Box Number is Not Acceptable)				
1211	EAST 8TH AVENUE		Street Address		er is Not Acceptable)			
HIALI	EAH, FL CFL 33010		Cin			Zip Cod		
			City			FL Zip Cod		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regist	ered agent, or bo	oth, in the State of Florida.		,	
SIGNATURE .								
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTI	E: Registered Agent signature requi	red when reinstating)	DA .	NTE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 00 Fee will be \$550.00 ble to Department of Si	) <sub>] Tr</sub>	ection Campaign Financing ust Fund Contribution.		May Be	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS	/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTMARIA, JORGE 1211 EAST 8TH AVENUE HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ST SANTAMARIA, LILIANA 1211 EAST 8TH AVENUE HIALEAH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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			☐ Change	☐ Addition	

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.