

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009026 AT

DOCUMENT # A00000001743

1. Entity Name

AMAZON AUTO SALES, LTD.

FILED

02 APR 22 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2100 WEST 76TH STREET, SUITE #401  
HIALEAH FL 33016

Mailing Address

2100 WEST 76TH STREET, SUITE #401  
HIALEAH FL 33016

2. Principal Place of Business

7423 N.W. 54th street

3. Mailing Address

7423 N.W. 54th street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1055085

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUKIN, JAVIER L

2100 WEST 76TH STREET, SUITE #401  
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

LUKIN JAVIER

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

7423 N.W. 54th street

City

Miami

FL

Zip Code

33166

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

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

President

4/8/2002

DATE

9. Capital Contributions  
as Shown on record.

\$30,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000106575  
NAME AMAZON AUTO SALES (G.P.), INC.  
STREET ADDRESS 7423 NW 54TH ST.  
CITY-ST-ZIP MIAMI FL 33166

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300005450233--8

05/03/02 01060 024

\*\*\*\*298.75 \*\*\*\*298.75

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/2002 305-500-9825

Date

Daytime Phone #

CR2E003 (9/01)