

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010898 AT

**DOCUMENT #** A00000001743

**1. Entity Name**  
AMAZON AUTO SALES, LTD.



**FILED**

03 APR -8 AM 7:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

**Principal Place of Business**  
7423 N.W. 54TH STREET  
MIAMI FL 33166

**Mailing Address**  
7423 N.W. 54TH STREET  
MIAMI FL 33166

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country



**4. FEI Number** 65-1055085

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LUKIN, JAVIER L  
7423 N.W. 54 STREET  
MIAMI FL 33166

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ **DATE** 2-1-2003

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

**9. Capital Contributions as Shown on record.** \$30,000.00

**10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO FL. 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**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 839, Florida Statutes**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** 2-1-2003 **Daytime Phone #** 305-500-9325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)