

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90166 025 \*\*\*158.75

**DOCUMENT # G85787**

1. Entity Name  
**WESTLAND MOTORS, R.C.P. INC.**



Principal Place of Business  
**3699 NW 79TH ST**  
**MIAMI FL 33147**  
**US**

Mailing Address  
**3699 NW 79TH ST**  
**MIAMI FL 33147**  
**US**

2. Principal Place of Business  
**3699 NW 79th St.**

3. Mailing Address  
**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State

4. FEI Number **59-2390545**

Applied For  
Not Applicable

Zip **33147** Country **USA**

Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**PITA, RIGOBERTO**  
**3699 NW 79 STREET**  
**MIAMI FL 33147**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PITA, CARLOS 454 SE 4TH STREET HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PITA, RIGOBERTO 3699 NW 79 ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-03

Date

(305)696-1116

Daytime Phone #

CR2E034 (10/02)



Attachment

90057576  
685787

WESTLAND MOTORS R.C.P. INC.

3699 N.W. 79TH STREET · MIAMI, FLORIDA 33147 · 305-696-1116-17 · FAX: 305-696-8834

03-20-03

TO WHOM IT MAY CONCERN:

- THIS IS TO EXPLAIN THAT AFTER WE REVIEW THE DOCUMENT WE  
NOTICE THAT THE **FEI NUMER IS WRONG. OUR FEI NUMER IS 59-2370545.**  
PLEASE BE AWARE THAT THIS IS THE CORRECT INFORMATION.

**CARLOS PITA**  
**PRESIDENT**  
**WESTLAND MOTOR RCP**