FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # J 99 705 1. Enlity Name CITY AUTO REPO SALES, INC		04-21-2003 91065 008 ***150.00	
DO NOT WRITE IN THIS SI	PACE		
2. Principal Place of Business 480 N STATE RD# 7 P.O. BOX 6866			
Suite, Apt. #, etc. Suite, Apt. #, etc. DELRAY BCH		DO NOT WRITE IN THIS SPACE	
City & State PIANTATION FI City & State		4. FEI Number 65-0012428	Applied For Not Applicable
Zip. 33317 Couptry SA Zip. 33482	Country USA	5 Certificate of Status Desired \$8.	75 Additional Required
	1. A. T.	7. Name and Address of Current Registered Age	ent
Sileet Address (P.O.		P.O. Box Number is Not Acceptable)	
		FAGIE PT OR	
	City		Zip Code
8. The above named entity submits this statement for the purpose of changing its	l Delk		Zip Code 33444 as with, and accept
the obligations of registered agent.	- 'D	<i>i</i>	
	: Registered Agent signisture requires	1 when (e-usize wg) OATE	-03
January 1 - May 1 Fee is \$150.00	•		Į.
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		Election Compaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

954-584-2217

Daytime Phone #