2003 FOR PROFIT CORPORATION

## FILED Feb 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State K18075 DOCUMENT # 1. Entity Name 02-24-2003 90958 030 \*\*\*150.00 REY AUTO SALES INC. Principal Place of Business Mailing Address 7247 SW 42 TERR 7247 SW 42 TERR MIAMI FL 33155 MIAMI FL 33155 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 65-0050555 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ GONZALEZ, REYNALDO E. 8320 SW 96TH PL **MIAMI FL 33173** 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 Agentsig nature required when reinstating) -.FILE NOW!!! FEE IS:\$150.00... 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition NAME GONZALEZ, REYNALDO E. NAME STREET ADDRESS 1210 N.W. 191 STREET STREET ADDRESS CITY-ST-ZIP MIAMI GARDENS FL 33015 CITY-ST-ZIP TITLE PRESIDENT & CEO Delete TITLE ☐ Change NAME GONZALEZ, REINALDO E JR. NAME GONZALEZ, REINALTO E STREET ADDRESS 6441 S.W. 107TH COURT STREET ADDRESS 6441 SW 107TH COURT CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP MIAMI ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP