## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # K93721** JESUS AUTO SALES, CORP. 02-05-2001 90017 029 \*\*\*150.00 Principal Place of Business Mailing Address % JESUS L. MORENO % JESUS L. MORENO 3399 N.W. 53RD ST 3398 N.W. 53RD ST MIAMI FL 33142 MIAMI FL 33142 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0126450 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORENO, JESUS L. Street Address (P.O. Box Number is Not Acceptable) 3398 N.W. 53RD ST **MIAMI FL 33142** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE MORENO, JESUS L. NAME NAME STREET ADDRESS 148 E. 4TH ST STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP DVP Addition Change TITLE ☐ Delete TITLE HORENO, FILOMENA M. NAME NAME STREET ADDRESS 148 E. 4TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: NING OFFICER OR DIRECTOR

FILED