

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90180 046 ***150.00

DOCUMENT # L28132

1. Entity Name
AUTOMOTOR CORPORATION



Principal Place of Business
4501 SOUTHWEST 8TH STREET
MIAMI FL 33134

Mailing Address
4501 SOUTHWEST 8TH STREET
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0162443**

Applied For

Not Applicable

Zip

Country

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

BERKOWITZ, IVONNE-MAREL
5861 SW 19TH STREET
MIAMI FL 33145

Name **Emilio Berkowitz**
Street Address (P.O. Box Number is Not Acceptable)
4501 S.W. 8th
City **Miami** FL Zip Code **33134**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **PTDS**
STREET ADDRESS **BERKOWITZ, IVONNE-MAREL**
CITY-ST-ZIP **1861 SW 19TH STREET**
MIAMI FL 33145

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **BERKOWITZ Emilio**
CITY-ST-ZIP **1861 S.W. 19th Street**
Miami FL 33145

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **DIAZ, LYDIA**
CITY-ST-ZIP **4501 S.W. 8TH STREET**
MIAMI FL

TITLE ☐ Change ☒ Addition
NAME **VP-S.**
STREET ADDRESS **PEREZ TIRSO**
CITY-ST-ZIP **6750 SW 6th Street**
Miami FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/03 (305) 266-4157

CR2E034 (10/02)