

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90005 002 \*\*\*150.00

**DOCUMENT # M00940**

1. Entity Name  
**MASTER AUTO SALES, INC.**

Principal Place of Business

4111 NW 135 ST.  
 OPALOCKA FL 33054  
 US

Mailing Address

2625 COLLINS AVE. -1809  
 MIAMI FL 33140-4771

2. Principal Place of Business

4111 NW 135 ST  
 Suite, Apt. #, etc.  
**OPALOCKA FL**  
 City & State

3. Mailing Address

2625 COLLINS AVE  
 Suite, Apt. #, etc.  
**APT. 1809**  
 City & State  
**MIAMI BEACH FL**



DO NOT WRITE IN THIS SPACE

Zip **33054**

Country **U.S.A.**

Zip **33140**

Country **U.S.A.**

4. FEI Number **59-2409514**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, LUIS A.**  
**2625 COLLINS AVE**  
**APT 1809**  
**MIAMI FL 33140**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>P</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>MARTINEZ, LUIS A.</b>           |                                 |
| STREET ADDRESS | <b>5827 SW 33 ST.</b>              |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                    |                                 |
| TITLE          | <b>V</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>FERRER, EMILIO</b>              |                                 |
| STREET ADDRESS | <b>7235 W 2D CT.</b>               |                                 |
| CITY-ST-ZIP    | <b>HIALEAH FL</b>                  |                                 |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>MARTINEZ, NORMA P.</b>          |                                 |
| STREET ADDRESS | <b>2625 COLLINS AVE., APT 1809</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33140</b>              |                                 |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>FERRER, ELENA</b>               |                                 |
| STREET ADDRESS | <b>7235 W 2D COURT</b>             |                                 |
| CITY-ST-ZIP    | <b>HIALEAH FL</b>                  |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | <b>SAHE</b>                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>SAHE</b>                  |  |
| STREET ADDRESS | <b>2625 COLLINS AVE 1809</b> |  |
| CITY-ST-ZIP    | <b>MIAMI BEACH FL 33140</b>  |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| 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: **Luis A. Martinez** Date: **4.27.2000** Daytime Phone #: **305.970.4567**

CR2E034 (9/99)