

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00940

1. Entity Name

MASTER AUTO SALES, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90495 043 ***150.00

Principal Place of Business

4111 NW 135 ST.
OPALOCKA FL 33054
US

Mailing Address

2625 COLLINS AVE. -1809
MIAMI FL 33140

641000

2. Principal Place of Business

4047 N/W 135 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OPALOCKA FL

City & State

City & State

4. FEI Number 59-2409514

Applied For

Not Applicable

Zip 33054

Country U.S.

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

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MARTINEZ, LUIS A.
STREET ADDRESS 5827 SW 33 ST.
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE V
NAME FERRER, EMILIO
STREET ADDRESS 7235 W 2D CT.
CITY-ST-ZIP HIALEAH FL ☐ Delete

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

TITLE S
NAME MARTINEZ, NORMA P.
STREET ADDRESS 2625 COLLINS AVE., APT 1809
CITY-ST-ZIP MIAMI FL 33140 ☐ Delete

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

TITLE T
NAME FERRER, ELENA
STREET ADDRESS 7235 W 2D COURT
CITY-ST-ZIP HIALEAH FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. MARTINEZ

Date

Daytime Phone #

4/11/2001 (305) 538-4041

CR2E034 (10/00)