

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94452

1. Entity Name

FLORIDA AUTO BUYERS, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90065 003 \*\*\*150.00

Principal Place of Business

Mailing Address

1452 OSCEOLA PARKWAY  
SUITE K  
KISSIMMEE FL 34744  
US

1452 OSCEOLA PARKWAY  
SUITE K  
KISSIMMEE FL 34744  
US

2. Principal Place of Business

3. Mailing Address

1450 E. OSCEOLA PARKWAY

1450 E. OSCEOLA PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE Florida

City & State

KISSIMMEE, Florida

Zip

34744

Country

OSCEOLA

Zip

34744

Country

OSCEOLA

4. FEI Number

59-2910671

Applied For

Not Applicable

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

MALDONADO, JAIME  
1452 OSCEOLA PWY  
SUITE "K"  
KISSIMMEE FL 34744

1450 E. OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

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 ☐ Delete  
NAME D  
STREET ADDRESS MALDONADO, JAIME  
CITY-ST-ZIP 1452 OSCEOLA PWY, SUITE "K"  
KISSIMMEE FL

TITLE ☐ Change ☐ Addition  
NAME Address  
STREET ADDRESS 1450 E. OSCEOLA PARKWAY  
CITY-ST-ZIP KISSIMMEE, FL 34744

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

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

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: Jaime Maldonado JAIME MALDONADO 04/26/01 407-846-9008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0432353

CR2E034 (10/00)