

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000007872****1. Entity Name**
MIAMI Z CAR CLUB, INC.

| | |
|--|--|
| Principal Place of Business 11744 SW 14TH TERR MIAMI FL 33184 | Mailing Address 11744 SW 14TH TERR MIAMI FL 33184 |
|--|--|

2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

| | | | |
|-------------------------|-------------------------|----------------------|---|
| City & State | City & State | 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 6. Name and Address of Current Registered Agent DI BUONO DANNY 11744 SW 14TH TERR MIAMI FL 33184 | 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** **04/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

| | | |
|---|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|-----------------------------------|--------------------|---------------------------------|--|--|--------------------|--|--|
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MESA CARLOS | | | NAME | MESA CARLOS | | |
| STREET ADDRESS | 2852 SW 34TH AVE | | | STREET ADDRESS | 2852 SW 34TH AVE | | |
| CITY-ST-ZIP | MIAMI FL 33133 | | | CITY-ST-ZIP | MIAMI FL 33133 | | |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DI BUONO DAVID | | | NAME | DI BUONO DAVID | | |
| STREET ADDRESS | 11744 SW 14TH TERR | | | STREET ADDRESS | 11744 SW 14TH TERR | | |
| CITY-ST-ZIP | MIAMI FL 33184 | | | CITY-ST-ZIP | MIAMI FL 33184 | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DI BUONO DANNY | | | NAME | DI BUONO DANNY | | |
| STREET ADDRESS | 11744 SW 14TH TERR | | | STREET ADDRESS | 11744 SW 14TH TERR | | |
| CITY-ST-ZIP | MIAMI FL 33184 | | | CITY-ST-ZIP | MIAMI FL 33184 | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** DANNY DI BUONO P 04/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)