2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
07-10-2001 90005 019 ***550.00

B0059882

DO NOT WRITE IN THIS SPACE

DOCUMENT # P000 0000 6590

1. Entity Name

HORIZON CAR & VAN SALES INC

Principal Place of Business | Mailing Address

1590 N. STATE ROAD 7
LAUDERHILL, FLORIDA 33313

2. Principal Place of Business	3. Mailing Address
1590 N. STATE RD 7	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL, FL	City & State
Zip: 33313 / Country: USA	Zip / Country

4. FEI Number: 65-0974576 ☐ 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
UTRERA & SPIEGEL MIAMI FLORIDA	Name: WILLIE MARTINEZ Street Address (P.O. Box Number is Not Acceptable): 1410 N.W. 79 STREET City: Miami FL Zip Code: 33147

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: Willie Martinez WILLIE MARTINEZ 7/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/vice Pres C. LECHADO 1590 N. State Rd 7 Lauderhill fl 33313 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (11/00)

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 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: C. Lechado C.LECHADO (954) 583-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #