

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013689

1. Entity Name

TOTAL MOTORS RETAIL & WHOLESALE INC

FILED

May 18, 2001 8:00 am
Secretary of State

05-18-2001 91586 030 ***150.00

Principal Place of Business DADE COUNTY 75 NW 22 AVE MIAMI, FL 33125	Mailing Address 75 NW 22 AVE MIAMI, FL 33125
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2. Principal Place of Business 3210 S ST RD 7 Suite, Apt. #, etc.	3. Mailing Address 3210 S ST RD 7 Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0985312	Applied For Not Applicable
Zip 33023	Country USA	Zip 33023	Country USA

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent CASTRO, JESUS 75 NW 22 AVE MIAMI, FL 33125	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, JESUS 75 NW 22 AVE MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTRO, GERTRUDIS 75 NW 22 AVE MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAUPAS, CALIXTO 75 NW 22 AVE MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ JESUS CASTRO, PRESIDENT 4/30/01 954-963-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)