

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 048 ***155.00

DOCUMENT # **P000000019479**
1. Entity Name
Cal Auto Sales & Service Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1520 N. Dixie Hwy
Suite, Apt. #, etc.
Hollywood, Florida
City, State, Zip
33020 Broward

3. Mailing Address
1520 N. Dixie Hwy
Suite, Apt. #, etc.
Hollywood, Florida
City, State, Zip
33020 Broward

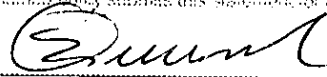
DO NOT WRITE IN THIS SPACE

4. FET Number
FS-65-0985328

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name **Juan Garzon**
Street Address (P.O. Box Number, Not Applicable)
5620 Coolidge St.
City **Hollywood, FL** **33021**

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 
Date **04.25.02**

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back) ☒

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE	President	TITLE	
NAME	Juan Garzon	NAME	
DIRECT ADDRESS	1520 N. Dixie Hwy	DIRECT ADDRESS	
CITY-STATE-ZIP	Hollywood, FL 33020	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
DIRECT ADDRESS		DIRECT ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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NAME		NAME	
DIRECT ADDRESS		DIRECT ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address that is not like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **954.923.3083**