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2002 Uniform Business Report (UBR)

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Apr 03, 2002 8:00 am Secretary of State P00000032153 DOCUMENT # 1. Entity Name 04-03-2002 90497 025 ***150.00 CAR SAM AUTO BROKERS, INC. Principal Place of Busines Mailing Address 3821 NW 135 ST. BAY C-D-I 3821 NW 135 ST. BAY C-D-I OPA-LOCKA FL 33054 OPA-LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address 3821 N.W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0995731 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **HURTADO, CARLOS** Street Address (P.O. Box Number is Not Acceptable) 111 SW 113 AVE., UNIT 105 **MIAMI FL 33174** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is \underline{e} ligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE SW. 113 AVE HURTADO, CARLOS NAME NAME 111 SW 113 AVE, UNIT 105 MISMI Pl. 3317 STREET ADDRESS STREET ADDRESS MHAMI FL 33174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HURTADO, PATRICIA NAME NAME 111 SW 113 AVE., UNIT 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE MIAMI FL 33174 CITY-ST-ZIP ☐ Change r TITLE~ ☐ Delete TITLE Addition HURTADO. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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