

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

Page 1 of 2

DOCUMENT # P 00000032284

1. Entity Name

ETHAN'S AUTO EXPRESS, INC.

FILED

02 OCT -4 AM 10:22

SECRETARY OF STATE
3000003228493--4
-10/09/02--01043--014
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3747 NW 50th Street

3. Mailing Address

3747 NW 50th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Miami, FL. 33142

4. FEI Number

65-0995277

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARLENE FONTELA

Street Address (P.O. Box Number is Not Acceptable)

5200 NW 35th AVE.

City

MIAMI

FL

Zip Code
33142

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

Marlene Fontela

08-24-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARLENE FONTELA
5200 NW 35th Ave. Miami FL.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINAMARY FONTELA
5200 NW 35th Ave. Miami FL.

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Signature and typed or printed name of signing officer or director

08-24-02

Date

Daytime Phone #

CR2E034B (12/01)