

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90001 021 \*\*\*150.00

0282875

**DOCUMENT # P00000034359**  
 1. Entity Name  
**AMCAR MOTORS CORP.**

Principal Place of Business 1960 W. 9TH ST., UNIT 6 RIVIERA BCH FL 33404	Mailing Address 1960 W. 9TH ST., UNIT 6 RIVIERA BCH FL 33404
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0996589</b>	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**TALBOT, SHARON P ESQ.**  
**324 ROYAL PALM WAY, SUITE 206**  
**PALM BCH FL 33480**

**7. Name and Address of New Registered Agent**  
 Name **ANA MIRANDA**  
 Street Address (P.O. Box Number Not Acceptable) **2413 24TH LANE**  
 City **PALM BEACH GARDENS FL** Zip Code **33418**

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 *Ana Miranda* DATE 01-11-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VERNER, LAS SCHEA L</b> <b>725 JILL CT.</b> <b>DES PLAINES IL 60018</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIRANDA, DOMINGO</b> <b>4834 DELL AVE.</b> <b>LAKE WORTH FL 44361</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIRANDA, DANIEL A</b> <b>15 GLENNE ST.</b> <b>COLYTON, NSW, AUSTRALIA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>MIRANDA DOMINGO</b> <b>2413 24TH LANE</b> <b>PALM BEACH GARDENS, FL. 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>MIRANDA, DANIEL A.</b> <b>2413 24TH LANE</b> <b>PALM BEACH GARDENS, FL. 33418</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Domingo Miranda* DATE: 01-11-01 DAYTIME PHONE #: (561) 863-7773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)