

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90268 024 ***150.00

1251260 AV

DOCUMENT # P0000034359

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



2. Principal Place of Business
1960 W. 9TH ST.
 Suite, Apt. #, etc.
12

3. Mailing Address
1960 W. 9TH ST.
 Suite, Apt. #, etc.
12

City & State
RIVIERA BEACH

City & State
RIVIERA BEACH

4. FEI Number **65-0996589** Applied For
 Not Applicable

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

Zip **33404-6424** Country **U.S.A.** Zip **33404-6424** Country **U.S.A.**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MIRANDA, ANA
2413 24TH LANE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name **MIRANDA, ANA**
 Street Address (P.O. Box Number Is Not Acceptable)
490 WOODBINE WAY
APT. 409
 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 **01-08-02**
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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	VERNER, LAS SCHEA L	
STREET ADDRESS	725 JILL CT.	
CITY-ST-ZIP	DES PLAINES IL 60018	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, DOMINGO	
STREET ADDRESS	2413 24TH LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, DANIEL A	
STREET ADDRESS	2413 24TH LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, DOMINGO	
STREET ADDRESS	490 WOODBINE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, DANIEL A.	
STREET ADDRESS	2360 SO. WALLEN RD.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *Ana Miranda* DATE **01-08-02** (561) 863-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #