FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000036585

1. Enlity Name



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Substance Substa	EP AUTO CENTER INC.				03 JAN 10 AM II: 48					
South April Apri		DO NOT WRIT	E IN THIS	SPAC	Œ		SECRETARY TALLAHASSE	OF STA E, FLOR	1E IDA	
Cov. A State MIAMI, FL 20 33125 Country 33125 Read Address of Current Registered Agent Name ELVIS M PITA Street Address (P.O. Box Number is Non Acceptable) IN THIS SPACE 525 NW 27 AVE. City MIAMI FL 33125 School and box number emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. J am farmular with, and acceptable of the observations of registered agent. SIGNATURE Common for the purpose of changing its registered agent, or both, in the State of Florida. J am farmular with, and acceptable of the observations of the purpose of changing its registered agent, or both, in the State of Florida. J am farmular with, and acceptable of the observations of the purpose of changing its registered agent, or both, in the State of Florida. J am farmular with, and acceptable of the observations of the purpose of changing its registered agent, or both, in the State of Florida. J am farmular with, and acceptable of the observations of the purpose of changing its registered agent, or both, in the State of Florida. J am farmular with, and acceptable of Florida by a state of Florida. J am farmular with, and acceptable of Florida by a state of Florida. J am farmular with, and acceptable of Florida by a state of Florida. J am farmular with, and acceptable of Florida by a state of Florida. J am farmular with, and acceptable of Florida by a state of Florida. J am farmular with, and acceptable of Florida by a state of Florida L am farmular with, and acceptable of Florida by a state of Florida L am farmular with, and acceptable of Florida by a state of Florida L am farmular with, and acceptable of Florida by a state of Florida L am farmular with, and acceptable of Florida by a state of Florida L am farmular with, and acceptable of Florida by a state of Florida L am farmular with, and acceptab	525 NW 27 AVE. 2210 NW 14 ST				DO NOT WRITE IN THIS COACE					
MIAMI, FL 20	Suite, Apt. #, etc.						DO NOT WHITE IN THIS SPACE			
33125 33125 33125 7. Name and Address of Current Registered Agent Name ELVIS M PITA Sinest Address (P.O. Box Number is Not Acceptable) 525 NW 27 AVE. City MIAMI FL Zig. Code 525 NW 27 AVE. City MIAMI FL Zig. Code 525 NW 27 AVE. City MIAMI FL Zig. Code 525 NW 27 AVE. City MIAMI FL Zig. Code 633125 8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Piortida. Lam flammar with, and accept the obligations of registered agent, or both, in the State of Piortida. Lam flammar with, and accept the obligations of registered agent. Or both, in the State of Piortida. Lam flammar with, and accept the obligations of registered agent. Or both, in the State of Piortida. Lam flammar with, and accept the obligations of registered agent. Or both, in the State of Piortida. Lam flammar with, and accept the obligations of registered agent. Or both, in the State of Piortida. Lam flammar with, and accept the obligations of registered agent. Or both, in the State of Piortida. Lam flammar with, and accept the obligations of registered agent. Or both, in the State of Piortida. Date the obligations of providers agent with a superceils LEVIS M. PITA January 1							nber	-	✓ Applied For Not Applicable	
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IN THIS SPACE 525 NW 27 AVE. City MIAMI FL 30 Code 33125 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the promote of Florida. School Picture Picture Picture Picture Picture Picture Picture	DO NOT WRITE				Name					
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ELVIS M. PITA January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 After May					, 00120					
Signature, type of primated rame of legislated agent and lite it apposition. January 1. May 1. Fee is \$155.00 Atter May 1. Fee is \$155.00 Advanced URB is \$871.25 Make Check Payable to Florida Department of State In Commission of Payable to Florida Department of State In Commission o	the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changi			ered agent, or l	both, in the State of Florida.	l am familiar	with, and accept	
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IT IT IT IT IT IT IT IT		After May 1, Fee is \$550.00 Amended UBR is \$61.25								
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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	12. Thereby o	: certify that the information supplied wi	th this filing does not qual	ify for the exen	nption stated in Se	ection 119.07(3	3)(i), Florida Statutes. I furthe	r certify that	the information	

attachment with an address, with all other like empawered.

ELVIS M. PITA



EP AUTO CENTER INC.

TO WHOM IT MAY CONCERN: TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2001 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY

ELVIS M. PITA SECRETARY