

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000036636**1. Entity Name
ORMAND PEUGEOT USA CORPORATION

Principal Place of Business

4609 NW 97 COURT

MIAMI
33178

FL

Mailing Address

4609 NW 97 COURT

MIAMI
33178

FL

2. Principal Place of Business

6232 NW 199 TERRACE

3. Mailing Address

PO BOX 227155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip
33015

Country

Zip
33122

Country

4. FEI Number

65-1036557

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBLEDO LAURA
4609 NW 97 COURTMIAMI
33178

FL

7. Name and Address of New Registered Agent

Name

ROBLEDO LAURA

Street Address (P.O. Box Number is Not Acceptable)
6232 NW 199 TERRACECity
MIAMI

FL

Zip Code
33015

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 **LAURA H. ROBLEDO**

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

(NOTE: Registered Agent signature required when reinstating)

04/19/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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 PD ☐ Delete
NAME ROBLEDO LAURA
STREET ADDRESS 4609 NW 97 COURT
CITY-ST-ZIP MIAMI FL 33178TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ROBLEDO LAURA
STREET ADDRESS 6232 NW 199 TERRACE
CITY-ST-ZIP MIAMI FL 33015TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Laura H Robledo**

PD

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)