

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90121 005 \*\*\*150.00

<b>DOCUMENT # P00000038558</b>			
1. Entity Name <b>CAROLINA AUTO CARRIERS, INC.</b>			
Principal Place of Business <b>6707 NW 169 ST., #A307 MIAMI FL 33015</b>		Mailing Address <b>6707 NW 169 ST., #A307 MIAMI FL 33015</b>	
2. Principal Place of Business <b>6707 NW 169 ST</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>A-307</b>		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State	
Zip <b>33015</b>	Country	Zip	Country
4. FEI Number <b>451001827</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MACHIN, JOSE J 6707 NW 169 ST., #A307 MIAMI FL 33015</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 <u><i>Jose J Machin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MACHIN, JOSE J 6707 NW 169 ST., #A307 MIAMI FL 33015 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u><i>Jose J Machin</i></u>		7/16/2001 (305) 827-6273	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/01)

Attachment  
Doc# P000000038558  
July 3, 2001 76810

Attachment  
#P0000038558  
[REDACTED]

Florida Department of State  
Division of Corporations

To Whom it May Concern:

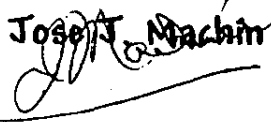
As per my conversation with your representative over the telephone, I am writing to explain that I never recieved the first notification from the Florida Department of State, Division of Corporations for the renewal of the corporate documents for my company, Carolina Auto Carrier. We only just recieved yesterday the notification for renewal of the corporation for a fee of \$550.

I called earlier today and was instructed to write this letter explaining what happened and to send a check for \$150 for the renewal fee. Please process our documentation accordingly.

I am enclosing a check for \$150 for the reneewal of the corporate documents for carolina Auto Carrier, Tax ID # 651001827.

Thank you in advance for your help with this matter. Please feel free to call with any questions at 305-827-6273.

Sincerely,

Jose T. Machin  




FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 11, 2001

CAROLINA AUTO CARRIERS, INC.  
6707 NW 169 ST., #A307  
MIAMI, FL 33015

Subject: CAROLINA AUTO CARRIERS, INC.

Reference: ~~P00000038558~~  
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE,-PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.