

01-21-2002 90052 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057837			
1. Entity Name EL DEALER, INC.			
Principal Place of Business 10206 NW 80TH AVE. HIALEAH GARDENS FL 33016		Mailing Address 10206 NW 80TH AVE. HIALEAH GARDENS FL 33016	
2. Principal Place of Business 10206 N.W. 80 Ave Suite, Apt. #, etc.		3. Mailing Address 10206 N.W. 80 Ave Suite, Apt. #, etc.	
City & State Hialeah G. Fl		City & State Hialeah G. Fl	
Zip 33016		Zip 33016	
Country		Country	
4. FEI Number 65-1017377		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARAMILLO, GUSTAVO 10100 NW 80 AVE HIALEAH GARDENS FL 33016		7. Name and Address of New Registered Agent Name: <u>Gustavo Jaramillo</u> Street Address (P.O. Box Number is Not Acceptable) <u>10206 N.W. 80 Ave</u> <u>Hialeah G.</u> City: <u>FL</u> Zip Code <u>33016</u>	
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>[Signature]</u> DATE: _____ <small>(NOTE: Registered Agent signature required when re-issuing)</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"/>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JARAMILLO, GUSTAVO 9815 NW 32 ST MIAMI FL 33172 <u>President</u> <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	VTD JARAMILLO, DANIEL 9815 NW 32 ST MIAMI FL 33172 <u>Vice-president</u> <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)(l), 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>[Signature]</u>		Date: <u>01/10/02</u> Phone: <u>305-822-8610</u>	



DO NOT WRITE IN THIS SPACE

CR2003 (9/01)