

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90133 017 ***150.00

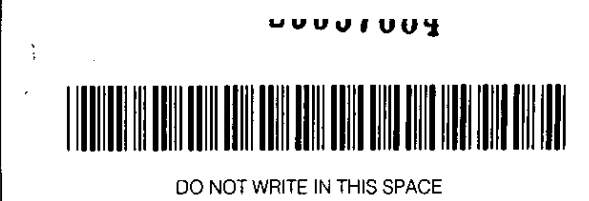
DOCUMENT # P00000066286

1. Entity Name
MIAMI CAR ELECTRIC, INC.

Principal Place of Business 52 EAST 19TH STREET HIALEAH FL 33010	Mailing Address 52 EAST 19TH STREET HIALEAH FL 33010
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2. Principal Place of Business 2300 NW 17 Ave.	3. Mailing Address 2300 NW 17 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL.	City & State Miami Florida.	4. FEI Number 65-1023535	Applied For <input type="checkbox"/> Not Applicable
Zip 33142	Country	Zip 33142	Country



6. Name and Address of Current Registered Agent
**CASTILLO, JAIME J
 52 EAST 19TH STREET
 HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 (NOTE: Registered Agent signature required when reinstating) DATE **4/14/01**

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	PTD	<input type="checkbox"/> Delete
NAME	CASTILLO, JAIME J	
STREET ADDRESS	52 EAST 19TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	NAVARRETE, VICTOR	
STREET ADDRESS	2300 N.W. 17TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
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		<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		

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: DATE: **4/14/01** DAYTIME PHONE #: **305-633-1101**

CR2E034 (10/00)