

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90228 032 ***150.00

0185273

DOCUMENT # P00000073419

1. Entity Name
D.N.W. CARS, INC.

Principal Place of Business

**538 WEST 28TH STREET
HIALEAH FL 33010**

Mailing Address

**538 WEST 28TH STREET
HIALEAH FL 33010**

2. Principal Place of Business

401 EAST 24 Street

3. Mailing Address

401 EAST 24 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

4. FEI Number

65-1031439

Applied For

Not Applicable

Zip

33013

Country

DADE

Zip

33013

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CATO, NEREIDA
538 WEST 28TH STREET
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **NEREIDA COTO**
Street Address (P.O. Box Number is Not Acceptable)

401 EAST 24 Street

City **HIALEAH**

FL

Zip Code

33013

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
PD COTO, NEREIDA
STREET ADDRESS **538 WEST 28TH STREET**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE NAME Change Addition
STREET ADDRESS **401 EAST 24 STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEREIDA COTO

Date

4/20/01 305-836-5329

Daytime Phone #

CR2E034 (10/00)

00051019



DO NOT WRITE IN THIS SPACE