

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90757 020 ***150.00

DOCUMENT # **P00000081397**

1. Entity Name

NATIONAL MOTORS of Miami, corp



Principal Place of Business

Mailing Address

**17528 S. DIXIE HWY
Miami FL 33157**

**17528 S. DIXIE HWY
Miami FL 33157**

2. Principal Place of Business

6919 NW 58 ST

3. Mailing Address

7105 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

309

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

Zip

33144

Country

4. FEI Number

65-1039242

Applied

Not Appl

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**QUINCONES RICHARD
14318 SW 176 Terr
Miami FL 33177**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

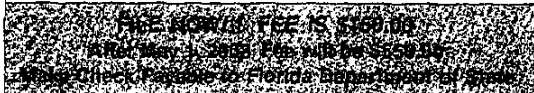
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE



9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 Max
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE **P. QUINCONES RICHARD** ☐ Delete
NAME
STREET ADDRESS **14318 SW 176 Terr**
CITY-ST-ZIP **Miami FL 33177**

TITLE **MARTINEZ JOSE J.** ☐ Delete
NAME
STREET ADDRESS **9135 RAMBLWOOD DR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ /
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ /
NAME
STREET ADDRESS **9904 Royal Palm Blvd**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ /
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ /
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ /
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ /
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Platone

JOSE J. MARTINEZ

4/28/03 (305) 226-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #