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	3. Mailing Address
6919 NW 58 st	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:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1039242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 ac[cept] the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** Ma[y be] Added to Fe[es]

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1[0]
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. QUINCONES RICHARD 14318 SW 176 Terr Miami Fl 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTINEZ Jose J. 9135 RAMBLWOOD DR CORAL Springs Fl ☐ Delete	TITLE / NAME / STREET ADDRESS: 9904 Royal Palm blvd / CITY-ST-ZIP: CORAL Springs Fl 33065 ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐

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 inform[ation] 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 dir[ector] 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 Bloc[k 11 if] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOSE J. MARTINEZ 4/28/03 (305) 226-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #