

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081730

1. Entity Name

BUYER'S CHOICE AUTO CENTER, INC.

Principal Place of Business

8770 N.W. 27TH AVENUE
MIAMI FL 33147

Mailing Address

8770 N.W. 27TH AVENUE
MIAMI FL 33147

2. Principal Place of Business

2705 N.W. 87 Terr.

Suite, Apt. #, etc.

3. Mailing Address

320 FLAMING RD

Suite, Apt. #, etc.

PMB # 326

City & State

MIAMI, FLA.

City & State

Pembroke Pines FL.

Zip

33147

Country

US

Zip

33027

Country

4. FEI Number

65 1037121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, JULIA
8770 N.W. 27TH AVENUE
MIAMI FL 33147

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.

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

TITLE PVST ☐ Delete
NAME VARGAS, JULIA
STREET ADDRESS 1016 S.W. 14TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ Delete
NAME VARGAS, JULIA
STREET ADDRESS 1016 S.W. 14TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/01

(305) 694 0029

Date

Daytime Phone #

CR2E034 (10/00)

5/
FILED
Jul 02, 2001 8:00 am
Secretary of State

05-16-2001 90206 049 ***150.00

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DO NOT WRITE IN THIS SPACE