

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086601

1. Entity Name

SMART BUY AUTO CORP.

Principal Place of Business
14675 S BISCAYNE RIVER DR
MIAMI FL 33168

Mailing Address
14675 S BISCAYNE RIVER DR
MIAMI FL 33168

2. Principal Place of Business

7207 SW 42nd ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 680818

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

U.S.A

Zip

33168

Country

U.S.A

6. Name and Address of Current Registered Agent

CLAUDE, LIONEL JR
14675 S BISCAYNE RIVER DR
MIAMI FL 33168

4. FEI Number

65-1059647

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 ☐ Delete
NAME **D**
STREET ADDRESS **CLAUDE, LIONEL JR**
CITY-ST-ZIP **14675 S BISCAYNE RIVER DR**
MIAMI FL 33168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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TITLE ☐ Change ☐ Addition
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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

4/23/01

Date

305 688-7176

Daytime Phone #

CR2E034 (10/00)

0211279

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 041 ***158.75



DO NOT WRITE IN THIS SPACE