

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

0277004 AV

**DOCUMENT # P00000089735**

1. Entity Name

**SOUTH FLORIDA AUTO GROUP, INC.**

04-10-2002 90029 016 \*\*\*150.00

Principal Place of Business

**4611 SW 75 AVE  
 MIAMI FL 33155**

Mailing Address

**3675 SW 139TH PLACE  
 MIAMI FL 33175**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**201 S.W. 37 AVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip

Country

**33135 USA**

Zip

Country

4. FEI Number

**65-1042436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PUGA, CARMEN VILA  
 3675 SW 139TH PLACE  
 MIAMI FL 33175**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	PUGA, CARMEN VILA	
STREET ADDRESS	3675 SW 139TH PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PUGA, JORGE	
STREET ADDRESS	3675 SW 139TH PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ZARAGOZA, CAROLINA	
STREET ADDRESS	3675 SW 139TH PLACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/26/02.**

Date

Daytime Phone #

**218-7091**

CR2E034 (9/01)