

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089855

1. Entity Name
CARS INVESTMENT & DEVELOPMENT, INC.

Principal Place of Business
1200 CENTRAL AVENUE
SUITE 209-A
KISSIMMEE FL 34741

Mailing Address
1200 CENTRAL AVENUE
SUITE 209-A
KISSIMMEE FL 34741

2. Principal Place of Business
6750 New Hope Rd
Suite, Apt. #, etc.

3. Mailing Address
6750 New Hope Rd
Suite, Apt. #, etc.

City & State
ORLANDO FL 32824
Zip
32824
Country
ORANGE

City & State
ORLANDO FL
Zip
32824
Country
ORANGE

DO NOT WRITE IN THIS SPACE
05-10-02 90036 005 \$150.00

4. FEI Number 59-3680777

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERIO, JOSE R
1200 CENTRAL AVENUE
SUITE 209-A
KISSIMMEE FL 34741

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 *Jose Silverio* I PAID by Internet
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 PD
NAME SILVERIO, JOSE R
STREET ADDRESS 1200 CENTRAL AVENUE, SUITE 209-A
CITY-ST-ZIP KISSIMMEE FL 34741

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Replacement For UBR Filed
by Image API on May 10, 2002
without an RA designated
JAH/19/02

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: *Jose Silverio* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)