

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

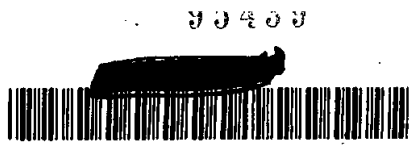
05-27-2002 90388 032 \*\*\*150.00

**DOCUMENT # P0000009004**

1. Entity Name  
**REPO ENTERPRISE AUTO SALES, INC.**

Principal Place of Business      Mailing Address  
**2736 N.W. 21ST TERRACE**      **1508 N.E. 110TH STREET**  
**MIAMI FL 33142**      **MIAMI FL 33161**

(dissolve)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1454 130 st N Miami**      **1506 NE 110 st**

City & State      City & State  
**N. miami FL**      **Miami FL**

4. FEI Number      Applied For  
**65-1039920**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MANSOOR, SAAD**  
**1508 N.E. 110TH STREET**  
**MIAMI FL 33161**

7. Name and Address of New Registered Agent  
 Name: **NAWAL MANSOUR**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1506 NE 110 ST**  
**Miami**      **33161**  
 City      FL      Zip Code  
**Miami**      **FL**      **33161**

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]      DATE **4-18-2002**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>MANSOOR, SAAD</b> <b>1508 N.E. 110TH STREET</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>President/Director</b> <b>NAWAL MANSOUR</b> <b>1506 NE 110 ST</b> <b>Miami FL 33161</b>
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Secretary</b> <b>Saad Mansoor</b> <b>1508 N.E. 110 ST</b> <b>Miami FL 33161</b>
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	

CR2E034 (9/01)

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 REQUIRED / President      Date **4-18-2002**