

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90130 036 ***150.00

DOCUMENT # P00000096074

1. Entity Name

A. Advantage Auto Wholesales, Corp.

DO NOT WRITE IN THIS SPACE

20065352

2. Principal Place of Business 7520 NW 77 Terr
Suite, Apt. #, etc.

3. Mailing Address 7520 NW 77 Terr
Suite, Apt. #, etc.

City & State Medley, FL
Zip 33166 Country

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Zip 33166 Country

4. FEI Number 65-1046291
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Jorge E. Lastres
Street Address (P.O. Box Number is Not Acceptable)

7520 NW 77 Terr
City Medley FL Zip Code 33166

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/9/03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 President
NAME Jorge E. Lastres
STREET ADDRESS 7520 NW 77 Terr
CITY - ST - ZIP Medley, FL 33166

TITLE Vicepresident
NAME Tilky Lastres
STREET ADDRESS 7520 NW 77 Terr
CITY - ST - ZIP Medley, FL 33166

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/9/03

Date

Daytime Phone #

CR2E034B (12/01)