

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101324

1. Entity Name

Car Cash Auto Sales, Inc.
2488 NW 20th Street,
Miami, Florida 33142

Principal Place of Business

Mailing Address

2488 NW 20th Street
Miami, Florida 33142

2488 NW 20th Street,
Miami, Florida 33142

2. Principal Place of Business

3. Mailing Address

2488 NW 20th Street
 Suite, Apt. #, etc.

2488 NW 20th Street
 Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1052928

Applied For

Not Applicable

Zip

Country

33142

USA

Zip

Country

33142

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

- Jesus Rodriguez
2488 NW 20th Street,
Miami, Florida 33142

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!!! FEES \$550.00

After September 12, 2001 Fee will be \$750.00
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 **PSTD** ☐ Delete
 NAME *Jesus Rodriguez*
 STREET ADDRESS *15621 SW 47th St*
 CITY-ST-ZIP *Miami, Florida 33193*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME *Alberto Quque*
 STREET ADDRESS *2488 NW 20th Street*
 CITY-ST-ZIP *Miami, Florida 33142*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (305) 636-5447

Date Daytime Phone #

CR2E034 (5/01)

0019949 AV

FILED

02 MAY -1 PM 3:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE