

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90085 033 ***150.00

DOCUMENT # P00000103722

1. Entity Name

4 CARS INC.

Principal Place of Business

**18659 SW 105TH PLACE
 MIAMI FL 33157**

Mailing Address

**175 NW 100TH ST.
 MIAMI FL 33150**

2. Principal Place of Business

18659 SW 105th PL

3. Mailing Address

175 NW 100th st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI SHORES

Zip

33157

Country

DADE

Zip

FL

Country

DADE

4. FEI Number

65-105 0258

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HURLES, KATIUSKA
 175 NW 100TH ST.
 MIAMI FL 33150**

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, 2001 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 **P** ☐ Delete
 NAME **HURLES, KATIUSKA**
 STREET ADDRESS **18659 SW 105TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **V** ☒ Delete
 NAME **HURLES, MICHAEL**
 STREET ADDRESS **18659 SW 105TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **T** ☐ Delete
 NAME **ESCORTIA, JORGE**
 STREET ADDRESS **18659 SW 105TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
 NAME **Ricardo VAZQUEZ Jr.**
 STREET ADDRESS **22019 SW 103rd AVE**
 CITY-ST-ZIP **CUTLER RIDGE FL 33157**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0187007