FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 10, 2001 8:00 am DOCUMENT # P00000106146 Secretary of State ANDERSON AUTO SALES, INC. 05-10-2001 90222 032 \*\*\*150.00 Principal Place of Business Mailing Address 8004 NW 154TH STREET #144 8004 NW 154TH STREET #144 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 00063668 2. Principal Place of Business 3. Mailing Address 7337A NW 56<sup>th</sup>st Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1054543 Mik∧ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dider sor CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 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. iteban Anderso SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ANDERSON, ESTEBAN JR NAME STREET ADDRESS STREET ADDRESS 8004 NW 154TH STREET #144 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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