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FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91534 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108141

1. Entity Name
UNITED MOTORS OF AMERICA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8230 NW 27 ST	8230 NW 27 ST
Suite, Apt. #, etc. SUITE 308	Suite, Apt. #, etc. SUITE 308
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33122 Country USA	Zip 33122 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1056904 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name VILLEGAS JUAN
Street Address (P.O. Box Number Is Not Acceptable)
10918 NW 69 TERRACE
City MIAMI FL Zip Code 33178

DO NOT WRITE IN THIS SPACE

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 X [signature] JUAN C. VILLEGAS 05-01-02
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD VILLEGAS JUAN 10918 NW. 69 TERRACE MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JUAN C. VILLEGAS 05-01-02 (305) 7186699