FOR PROFIT CORPORATION

2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

1. Entity Name	9134		05-21-2002 91164 046 ****150.00				
Modelo Used Auto & Tri	ıck Parte Ir						
Hodelo osed Auto & III	ich Falis, II	10.	1.				
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2. Principal Place of Business	3. Mailing Address	5 . 1					
9770 N.W. So. River Dr. Suite, Apt. #, etc.	.2419 Le Jeu:	ne Ra.	_{				
Suite, Apr. #, etc.	Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	City & State		4. FEI Number	Applied For			
Medley, FL	Coral Gables, FL		65-1066935	Not Applicable			
Zip Country 33166	Zip 33134-5804	Country		.75 Additional			
	100101 0001		7. Name and Address of Current Registered Agent				
		Name					
DO-NOT W	RITE	GdIC1a	, Celestino				
		9401 S	s (P.O. Box Number is Not Acceptable) . W . 55th St .	i			
IN THIS SP	ACE						
1		City	_, Z	ip Code 33165			
8. The above named entity submits this statemer	at for the purpose of characia	Miami	FL 5	33165			
o. The above harried entity submits this statemen	it for the purpose of changin	g its registered office or	registered agent, or both, in the State of Florida.	İ			
SIGNATURE							
Signature, typed or printed name of regist	tered agent and title if applicable	. (NOTE: Registered /	Agent signature required when reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangi		May 1 Fee is \$150.00 1, Fee is \$550.00	49 51 11 40 11 51 11	45.00			
Tax filing requirement and elects to do so. (See criteria on back)	Amende	d UBR is \$61,25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
		ole to Department of Si	tate				
11. OFFICERS AND D	JIRECTORS	*****		£			
NAME Garcia, Celesti	no	TITLE NAME		12/			
STREET ADDRESS 9401 S.W. 55th		STREET ADDRESS		48 (
CITY-ST-ZIP Miami, FL 33165		CITY : ST : ZIP		503			
TITLE		TITLE		CR2E034B (12/01)			
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TILE		CITY: ST - ZIP					
TITLE NAME		CITY - ST - ZIP TITLE NAME					
TILE		CITY: ST - ZIP					

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

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	. //				~	.	. 4	,		•

Celestino Garcia

305-888-7526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #