

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110225

1. Entity Name

MOTOR NATION, INC.

Principal Place of Business

4151 S.W. 71 AVENUE
MIAMI FL 33155

Mailing Address

4151 S.W. 71 AVENUE
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4151 S.W. 71 AVE

Suite, Apt. #, etc.

City & State

City & State

Miami

Zip

Country

Zip

33155

Country

DADES

4. FEI Number

65-1075712

Applied For

Not Applicable

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

KAHN, ALI A
4151 S.W. 71 AVENUE
MIAMI FL 33155

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME KAHN, ALI A
STREET ADDRESS 4151 S.W. 71 AVENUE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE P
NAME KAHN ALI.
STREET ADDRESS 15315 S.W. 76 TERRACE APT. 207
CITY-ST-ZIP MIAMI FL 33193 ☐ Change ☐ Addition

TITLE VPD
NAME VARGAS, MARIA
STREET ADDRESS 4151 S.W. 71 AVENUE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE V.E
NAME MARIA E VARGAS
STREET ADDRESS 15315 S.W. 76TH TERR APT 207
CITY-ST-ZIP MIAMI FL 33193 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

MARIA E VARGAS FEBRUARY 8 / 2001.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE