

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000015520**

1. Entity Name

PRIME LINE AUTO SALES CORP.

**FILED
May 02, 2002 8:00 am
Secretary of State**

05-02-2002 90131 037 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

449 NW 36th St.

Suite, Apt. #, etc.

3. Mailing Address

449 NW, 36th St.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

Miami Fla

Zip

33127

Country

Miami-Dade

Zip

33127

Country

Miami-Dade

4. FEI Number

65-1078337

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Thomas Nichols

Street Address (P.O. Box Number is Not Acceptable)

449 NW 36th St

City

Miami

FL

Zip Code

33127

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

Thomas Nichols

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

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	Belkis F. Guerra President 2047 Calais Dr. #2 Miami Beach, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President / Director Arnold Guerra 11520 S. 14th St Miami, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treasurer / Director Thomas Nichols 4051 N. Ocean Blvd #22 Jensen Beach, FL 34957	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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:

Thomas Nichols

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

(305) 576-9512

Date

Daytime Phone #