FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017602

1. Entity Name
Publix Auto Sales, Corp.

FILED
03 JAN 17 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10001066111
01/23/03--01032--013 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2935 NW 36Th St.	10380 SW 30Th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33142 Country: USA	Zip: 33165 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Miguel A. Tirador
Street Address (P.O. Box Number is Not Acceptable): 2938 SW 36Th St.
City: Miami FL Zip Code: 33142

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] Miguel A. Tirador DATE 1/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Presid.	TITLE	
NAME	Miguel A. Tirador	NAME	
STREET ADDRESS	10380 SW 30Th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33165	CITY-ST-ZIP	
TITLE	Vicepresid.	TITLE	
NAME	Eduardo Macias	NAME	
STREET ADDRESS	4381 W 10Th Ave.	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, Fl. 33012	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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: [signature] 01/09/03 (786) 229-4478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
1
P01000017602

December 19, 2002

FL. DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL. 32314

Dear Sirs,

This is to advise that up to this time I have not received any advise for the payment of my Corporation's renewal for 2002 and as the year is just ending I have decided to send my Corporation's check No. 1979 in the amount of $150.00 with my special request for you to accept it.

Please let me know if this is in order for you and let me have your instructions to pay fees for 2003 at the shortest time possible. Any advise should be addressed to:

10380 SW 30th Street
Miami, Fl. 33165

Thanks for your attention,

Sincerely,

Miguel A. Tirador
President