

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0167645 AV

**DOCUMENT # P01000027636**

1. Entity Name  
**TREBOL AUTO SALES, CORP.**

03-14-2002 90009 024 \*\*\*150.00

Principal Place of Business  
**3820 NW 135TH STREET BAY D**  
**OPALOCKA FL 33054**

Mailing Address  
**3820 NW 135TH STREET BAY D**  
**OPALOCKA FL 33054**

**80043177**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1086296</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GUERRA, PEDRO A</b> <b>3820 NW 135TH STREET BAY D</b> <b>OPALOCKA FL 33054</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PD</b>	<b>GUERRA, PEDRO A</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>2220 NW 99TH TERRACE</b>		NAME		
STREET ADDRESS	<b>MIAMI FL 33147</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <b>SD</b>	<b>GUERRA, SONIA M</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>2220 NW 99TH TERRACE</b>		NAME		
STREET ADDRESS	<b>MIAMI FL 33147</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <b>TD</b>	<b>RODRIGUEZ, PEDRO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>9874 NW 10TH AVE LOT 653-F</b>		NAME		
STREET ADDRESS	<b>MIAMI FL 33150</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <b>VD</b>	<b>BEATO, ANGEL JOSE</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>7410 WEST 18TH AVE</b>		NAME		
STREET ADDRESS	<b>HIALEAH FL 33014</b>		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: \_\_\_\_\_ **1/18/02** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)