2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State P01000030647 **DOCUMENT #** 04-30-2002 90211 014 ***150.00 1. Entity Name CACIMAR AUTO BROKERS, INC. Principal Place of Business 91236 6207 A Beach Blud 6207 - A Beach Blud. JACKSONVIlle, FL ACKSONVIlle, FL 32216 3. Mailing Address Principal Place of Business 207-A Beach DO NOT WRITE IN THIS SPACE ACKSONUI Applied For 4. FEI Number 4 City & State 37/018 Not Applicable \$8.75 Additional DUUB! 5. Certificate of Status Desired 32216 Duna Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, VICTOR M Street Address (P.O. Box Number is Not Acceptable) 14078 MT PLEASANT RD JACKSONVILLE FL 32225 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible to. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) ■ Addition Change □ Delete TITLE TITLE NAME RODRIGUEZ, VICTOR M NAME 14078 MT PLEASANT RD STREET ADDRESS STREET ADORESS JACKSON/ILLE FL 32225 CITY-ST-ZIP CITY - ST-719 ☐ Addition ☐ Change TITS F Delete TIME NAME DELERME, LUZ E NAME 14078 MT PLEASANT RD STREET ADDRESS STREET ADDRESS CITY-ST-7P JACKSONVILLE FL 32225 CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS I hereby certify that the information supplied with this fitting 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 of 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 appowered. CITY-ST-ZIP CITY-ST-ZIP

FILED