## Apr 23, 2003 8:00 am Secretary of State

## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR P01000030647

**DOCUMENT #** 1. Entity Name

CACIMAR AUTO BROKERS, INC.



Principal Place of Business

6207 A BEACH BLVD JACKSONVILLE FL 32216 Mailing Address

6207 A BEACH BLVD

JACKSONVILLE FL 32216

2. Principal Place of Business 11635 North Suite, Apt. #, etc.

Suite, Apt. #, etc.

11009368

**FILED** 

04-23-2003 90166 013 \*\*\*150.00

CHECK HERE IF MAKING CHANGES

City & State	sonville, Florida LAG	& State Ksowuille	Florida	4. FEI Number 59-3710183		olied For Applicable	
3 3 3 7	Copentry    (/ Zip	733	Country DivA	5. Certificate of Status Desired	\$8.75 Addi	tional I	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RODRIGUEZ, VICTOR M			Name				
14078 MT PLEASANT RD			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32225							
JACKSON	IVILLE FL 32223						
	> 50		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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
After	LE <sub>3</sub> NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			Ädded	May Be to Fees		
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, VICTOR M 14078 MT PLEASANT RD JACKSONVILLE FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELERME, LUZ E 14078 MT PLEASANT RD JACKSONVILLE FL 32225	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. 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 eccurate 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE,