

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91352 040 \*\*\*150.00

DOCUMENT # **PO1000033491**

1. Entity Name

**CARS ONE, CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4265 EAST 11 AVE**

Suite, Apt. #, etc.

**BAY 566**

City & State

**HIALEAH, FLORIDA**

Zip

**33013**

Country

**USA**

3. Mailing Address

**6950 SW 3RD STREET**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES**

Zip

**33023**

Country

**U.S.A**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1088939**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **RAFAEL COMAS**

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

**6950 SW 3RD STREET**

City

**PEMBROKE PINES FL**

Zip Code

**33023**

**DO NOT WRITE  
IN THIS SPACE**

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

**Rafael Comas**

**4-11-02**

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

(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)

☐

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 **PRESIDENT**  
NAME **RAFAEL COMAS**  
STREET ADDRESS **6950 SW 3RD STREET**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33023**

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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:

**Rafael Comas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-02**

Date

**(786) 236-9065**

Daytime Phone #

CR2E034B (12/01)