

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

APPROVED  
AND  
FILED

03-19-2002 90035 015 \*\*\*150.00  
P01000038398

DOCUMENT # P010000038398  
1. Entity Name J.D. Auto styles, INC.

02 JUL -5 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address <u>3140 N.W. 158th St.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>Miami</u>	
City & State		City & State	
Zip	Country	Zip <u>33054</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1061158</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Zelman Roach</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3140 N.W. 158th St.</u>	
City <u>Miami</u>	FL Zip Code <u>33054</u>

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, 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President Zelman Roach 3140 NW 158th St Miami FL 33054</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Secretary Iuwana Roach 3140 NW 158th St Miami FL 33054</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Treasurer Brenda Schofield 3140 NW 158th St Miami, FL 33054</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Zelman Roach

3-3-2002

CR2E034B (12/01)