## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

/	
· 05,	
$\prec$	

Second colors   Second color	, u	MILOUM BOSINE	33 NEPUNI	(UDN)				_	
DO NOT WRITE IN THIS SPACE  2. Pigical Piges of Business 2. 19 Caurity 3. Mailing Address 3. Scale Apr. 4. etc.  DO NOT WRITE  IN THIS SPACE  IN THIS						FILED			
2. Procedul figure of Business 5. W 242.51.  Suite, Apr. 8, etc.  City 6 State  DO NOT WRITE  IN THIS SPACE  City 6 State  DO NOT WRITE  IN THIS SPACE  City 6 State  City 6 State  City 6 State  City 7. Name and Address of Current Registered Against  Name and Add	BEAN AUTO SALES INC.					02 AUG -2 PM 3: 49			
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE		DO NOT WRITE	IN THIS SI	PACE		SECRETARY DI TALLAHASSEE.	F STATE FLORIDA	ţ	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Do NOT WRITE INTHIS SPACE	2. Principal	Place of Business		> n- 0		"			
DO NOT WRITE   Septemble of Status Desired   Septemble of Status Desired   Septemble of Septem				DO NOT WRITE IN THIS SPACE					
Steel Audies P.O. Box Naymer and Address of Contract Registered Agent  The above named entity submits the Anterney's for the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the Anterney's for the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the Anterney's for the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  Signature  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  The above named entity submits the purpose of changing its registered agent, or both, in the State of Florida.  The above named entity submits agent ag			City & State			4. FEI Number 65-1094200	•	Applied For Not Applicable	
The above named entity submits the futurement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  Signature Florida is eligible to satisfy its intangible for fifty requirement and elects to do so.  Amended UBR is \$61,29 and the first operation of both in the State of Florida.  Signaturement and elects to do so.  Amended UBR is \$61,20 and the first operation of both in the State of Florida.  Signaturement and elects to do so.  Amended UBR is \$61,20 and the first operation of both in the State of Florida.  Signaturement and elects to do so.  Amended UBR is \$61,20 and the first operation of both in the State of Florida.  Signaturement and elects to do so.  Amended UBR is \$61,20 and the first operation of both in the State of Florida.  Signaturement and elects to do so.  Amended UBR is \$61,20 and the first operation of both in the State of Florida.  Signaturement and elects to do so.  Amended UBR is \$61,20 and the first operation of the first operation operation operation of the first operation operation operation operation of the first operation operation operation of the first operation operatio	Zip 330	131 Country	Zip	Country		5. Certificate of Status Desired			
DO NOT WRITE IN THIS SPACE  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FL  Sireel Address PD Box Number is Not apprephilips  City MIRM FR  Sireel Address PD Box Number is Not apprephilips  City MIRM FR  Sireel Address PD Box Number is Not apprephilips  City MIRM FR  Sireel Address PD Box Number is Not apprephilips  City MIRM FR  Sireel Address PD Box Number is Not apprephilips  City MIRM FR  Sireel Address City MIR				· ,		7. Name and Address of Current Regis			
Size Address P.O. Box Number is Not acceptable.  IN THIS SPACE  City Minm FL Zip Code 3793 3  8. The above named entity submits the fatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible fat filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIFECTORS  THE MARKET MORES OFFI-ST-2P  MARK Check Physible to Department of State  THE MARKET MORES OFFI-ST-2P  THE MARKET MORES OFFI-S		Saboliotiu		Name	Mi	CHARL A. MENO	147		
B. The above named entity submits the function of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE		MION OU W	RIIE	Street A	ddress (		<u> </u>	-	
B. The above named entity submits the function of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE		IN THIS SP	ΔCE	<u> </u>	<u> 77. c</u>	55.W. 2425T.			
B. The above named entity submits the distance of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Composition   Compos	10 grades								
B. The above named entity submits the distance of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Composition   Compos				City	111a	mı	FL Z	Code	
SIGNATURE    Signature   Signa	8. The above	named entity submits this statement for	the purpose of changing its	registered office or		·		7001	
Tax filing requirement and elects to do so.  (See criteria on back)  Affer May 1; Fee Is \$55.00 % Affer May 1; Fee Is \$56.25  Make Check Payable to Department of State  Trust Fund Contribution.  The Added to Fees  Trust Fund Contribution.  The Added to Fees  Trust Fund Contribution.  State Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  State Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  State Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  State Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  State Added to Fees  Trust Fund Contribution.  Trust Fund Contrib	SIGNATURE			\			DATE		
TITLE  WARS INCLUDED A ME NO EZ  STREET ADDRESS  TITLE  ANAME  STREET ADDRESS  TITLE  ANAME  STREET ADDRESS  CITY-ST-ZIP	Tax filing	requirement and elects to do so.	After May Amended	1, Fee is \$550.00 1 UBR is \$61.25	PART	10. Election Campaign Financin Trust Fund Contribution.	· _ •		
MARE STREET ADDRESS S	11.	OFFICERS AND I			The same of the sa		13.20.20	Total or all	
STREET ADDRESS CITY-ST-ZIP CIT	TITLE		10		5 E	. Endoparii	634F		
CITY-ST-ZIP  ANAME  ANAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  ANAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  ANAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		THE PARTIENT	EL		* 7				
TITLE  MANE  JERT ADDRESS  JOHN ST-VIP  JOHN J. F. J. 33)87  JOHN J. F. J.	CITY-ST-ZIP		021			****158.7	5 ****	158.75	
NAME STREET ADDRESS STRET ADDRESS	TITLE	VP.	221		1 1	The state of the s			
ITILE IAME IAME IAME IAME ISTRET ADDRESS ICITY-ST-ZIP ITILE IAME ITILE ITILE IAME ITILE ITILE IAME ITILE ITILE ITILE ITILE ITILE IAME IAME ITILE ITILE ITILE ITILE ITILE IAME IAME IAME IAME IAME IAME IAME IAM	NAME	PAUL A. SILVA		# 1 man	1 5 63 40 5 85	The state of the s			
ITILE IAME IAME IAME IAME ISTRET ADDRESS ICITY-ST-ZIP ITILE IAME ITILE ITILE IAME ITILE ITILE IAME ITILE ITILE ITILE ITILE ITILE IAME IAME ITILE ITILE ITILE ITILE ITILE IAME IAME IAME IAME IAME IAME IAME IAM	STREET ADDRESS	16840 S-W. 151 AVE	*			hit of what is the transfer of the			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	MIRMI, Fl. 3318	<u> </u>	CITY-ST-ZIP	11.	A STATE OF THE PROPERTY OF THE STATE OF	Parellina is	and the file	
STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE  ITTLE MAME MAME STREET ADDRESS CITY-ST-ZIP  ITTLE MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP	TITLE .	,		1.75	The second	THE THE PART OF TH	· ·	A. C.	
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  IN:THIS SPACE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP				44					
TITLE HAME HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			<b>4</b> -		DO NOT W	RITE		
STREET ADDRESS CITY - ST - ZIP  TITLE MAME STREET ADDRESS CITY - ST - ZIP  TITLE MAME STREET ADDRESS CITY - ST - ZIP  TITLE MAME STREET ADDRESS CITY - ST - ZIP  TITLE MAME STREET ADDRESS CITY - ST - ZIP  TITLE MAME STREET ADDRESS CITY - ST - ZIP  TITLE MAME STREET ADDRESS CITY - ST - ZIP  TITLE MAME STREET ADDRESS CITY - ST - ZIP  CITY - ST - ZIP  CITY - ST - ZIP	TITLE			100				AN ESTALOR.	
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME					IN THIS SP	ACE		
TITLE  TAME  TAME  TAME  TAME  TOTAL  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TAME	STREET ADDRESS				**			A Company	
NAME STREET ADDRESS CITY-ST-ZIP CITYE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			·						
STREET ADDRESS CITY-ST-ZIP CITYE JAME JAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	HR.E NAME			19 3			A Service Service		
TITLE  IAME  IAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	STREET ADDRESS						(1) 交替的人 (1)	A STATE OF THE STA	
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP				4.	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			TITLE	. ,			En la Contraction	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS				2.			The state of	
		•						A Section of the sect	
		Certify that the information supplied with	this filing does not qualify for	<u> </u>	ed in Sec	tion 119 07(3)(i). Florida Statutas Liberta	or contifu that t	ho information	

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 trusted 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 otherwise empowered.

SIGNATURE: ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02 (301) 282-152

Daytime Phone #

500

DATE: 8/1/02

FL. DEPARTMENT OF STATE ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
corporation Bean Auto Sales Inc.
DOCUMENT # PO100040234
NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OU
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.
•

SIGNATURE

MICHAEL ME

THANKING YQU IN ADVANCE