

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 005 ***150.00

DOCUMENT # P01000048159

1. Entity Name
JNC AUTO SALES CORP.

Principal Place of Business
145 MADEIRA AVENUE SUITE 310
CORAL GABLES FL 33143

Mailing Address
145 MADEIRA AVENUE SUITE 310
CORAL GABLES FL 33143

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1320 SO. DIXIE HWY

3. Mailing Address
1320 SO. DIXIE HWY

Suite, Apt. #, etc.
Suite 280

Suite, Apt. #, etc.
Suite 280

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33146

Zip
33146

4. FEI Number
05-1105196

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVENUE SUITE 310
CORAL GABLES FL 33143

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1320 SO. DIXIE HWY
Suite 280
 City
Coral Gables **FL** Zip Code
33146

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
 NAME
JIMENEZ, ROBERTO
 STREET ADDRESS
145 MADEIRA AVENUE SUITE 310
 CITY-ST-ZIP
CORAL GABLES FL 33143

TITLE
 NAME
 STREET ADDRESS
1320 SO. DIXIE HWY, Suite 280
 CITY-ST-ZIP
Coral Gables, FL 33146

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)