2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90208 014 ***150.00

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DOCUMENT # P01000049470

1. Entity Name

FLORIDA AUTO DEPOT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1641 NW 27th AVE	1641 NW 27th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33125 Country: MIAMI-DADE	Zip: 33125 Country: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1104313 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CANAS, BERNARDO

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

540 BRICKELL KEY DR, APT 506

City: MIAMI FL Zip Code: 33131

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 making change) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Elect on Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD NAME CANAS, BERNARDO STREET ADDRESS 540 BRICKELL KEY DR, APT 506 CITY-ST-ZIP MIAMI, FL 3331	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD NAME CANAS, BERNARDO JOSE STREET ADDRESS 540 BRICKELL KEY DR, APT 506 CITY-ST-ZIP MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VD NAME CUCALON, MARIA E STREET ADDRESS 540 BRICKELL KEY DR, APT 506 CITY-ST-ZIP MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARDO CANAS 03/20/03 (305)634-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number