


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

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90060 015 ***158.75

DOCUMENT # **PO1000055670**

1. Entity Name
Electricas Boyota Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7284 NW 25th Street Suite, Apt. #, etc. _____		3. Mailing Address 7284 NW 25th Street Suite, Apt. #, etc. _____	
City & State Miami, FL		City & State Miami, FL	
Zip 33122	Country Dade	Zip 33122	Country Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1110782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Nino, Luis E**

Street Address (P.O. Box Number is Not Acceptable)
7284 NW 25th Street

City **Miami, FL** FL Zip Code **33122**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NINO LUISE 7284 NW 25th STREET Miami, FL 33122	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:  **6/6/03 305 477 5553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)