

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90275 003 \*\*\*150.00

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

DOCUMENT # **P01000063067**

1. Entity Name

**AUTOSHOP AUTO SALES CORP.****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**687 NW 29 St.**

3. Mailing Address

**2901 NW 7 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**88061**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**City & State  
**MIAMI, FLORIDA**

4. FEI Number

**65-1058528**

Applied For

Not Applicable

Zip  
**33127.**Country  
**USA**Zip  
**33127**Country  
**USA.**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **EDUARDO BOFILL**Street Address (P.O. Box Number is Not Acceptable)  
**2901 NW 7th AVENUE**City **MIAMI**

FL

Zip Code  
**33127****DO NOT WRITE  
 IN THIS SPACE**

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 consenting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

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. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**P  
EDUARDO BOFILL  
2901 NW 7 AVE.  
MIAMI, FL 33127.**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP**DO NOT WRITE  
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02 (303) 635-6889**

Date

Daytime Phone #

CR2E034B (12/01)