

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 013 ***150.00

DOCUMENT # **P01000063296**

1. Entity Name

BUEN SAMARITANO AUTOSALAS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9592 SIDNEY HAYES RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

4. FEI Number

59-3728594

Applied For

Not Applicable

Zip

32824

Country

ORANGE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **JORGE PEDROZA**

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

1013 W. COLUMBIA AVE.

City **KISSIMMEE**

FL

Zip Code

34744

**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. 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 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 **PRESIDENT**
NAME **ALBERTO SAN PEDRO**
STREET ADDRESS **1013 W. COLUMBIA AVE.**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT**
NAME **JORGE PEDROZA**
STREET ADDRESS **1013 W. COLUMBIA AVE.**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO SAN PEDRO 04/16/04 407-856-3883

Date

Daytime Phone #

CR2E034B (12/02)