

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 032 ***150.00

DOCUMENT # **PO1000063296**

1. Entity Name

BUEN SAMARITANO AUTO SALES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9592 SIDNEY HAYES RD.

Suite, Apt. #, etc.

3. Mailing Address

9592 SIDNEY HAYES RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-372 8594

Applied For

Not Applicable

Zip

32824

Country

ORANGE

Zip

32824

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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

JORGE PEDROZA

STREET ADDRESS

1013 E. COLUMBIA AVE.

CITY-ST-ZIP

KISSIMMEE, FL 34744-3512

TITLE

D

NAME

PEDROZA MARIA

STREET ADDRESS

1013 E. COLUMBIA AVE.

CITY-ST-ZIP

KISSIMMEE, FL 34744-3512

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, and is otherwise like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jorge Pedroza 04-15-03 407-857-3883

CR2E034B (12/02)