2002 UNIFORM BUSINESS REPORT (UBR)

2002	2 UNI	FORM BUSI		FILED Mar 29, 2002 8:00 am							
DOCUMENT # P0100067468							Secretary of State				
1. Entity Nam CARS OF		CH & FAMOUS,INC.						2-07-2002 900	•		
Principal Place of Business 622 S.W. 78 AVENUE MIAMI FL 33144			Mailing Address 622 S.W. 78 AVENUE MIAMI FL 33144								
2. Principal Place of Business 3. Mailing Address										Olini Ion Iau	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	04-36	1-241	/ No	plied For ot Applicable	
Zip	Country		Zip	(ip Coun			Certificate of Status		\$8.75 Add		
6. Name and Address of Current Registered Agent					Name	7. 1	lame and Address	of New Registers	d Agent		-
PATTERSON, CATHLEEN					Street Ad	dress (P.O. B	ox Number is Not A	acceptable)		- 4	. ~
622 S.W. 78 AVENUE MIAMI FL 33144											
					City			F	L Zip Cod	e	
8. The above	named entit	y submits this statement for	the purpose of changing its	registen	ed office or	registered ag	ent, or both, in the S	State of Florida.			
SIGNATURE.	Signature, types	or printed name of registered agent an	d side if epplicable. (NOTI	E: Registere	d Agent signatur	e required when re	instaling)	DAT	E		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable					will be \$59	50.00	10. Election Car Trust Fund (npaign Financing Contribution.		May Be i to Fees	
11. 0		OFFICERS AND D		12.	1	AD	DITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	S IN 11	≘
NAME STREET ADDRESS CITY-ST-ZIP		ON, CATHLEEN J 78 AVENUE 33144	□ Delete						change		CR2E034 (9/01)
TITLE NAME STREET ADDRESS	V SANTAN/ 622 S.W.	, rodrigo 78 avenue	☐ Delete	•	EET ADDRESS				Change	Addition	5
CHY-ST-ZIP	MIAMI FL	33144	Delete	CITY	-ST-ZIP E			,	Change	Addition	
STREET ADDRESS .					ET ADDRESS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLI Nam Stre	EET ADDRESS		. _		Change	☐ Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRE CITY	E IE EET ADDRESS '- ST-ZIP				☐ Change	☐ Addition	
13. I hereby a indicated of the cor changed.	on this report poration or to or on an att	e information supplied with the or supplemental report is the receiver or trustee emporantinent with an address, we will also the control of	his filing does not qualify for rue and accurate and that report to all other like empowered.	r the exe ny signa as requi	emption state ture shall ha ired by Cha	ed in Section we the same oter 607, Flori	19.07(3)(i), Florida egal effect as if ma da Statutes; and thi	Statutes, I further de under oath; tha at my name appear	rs in Block 11 o	nformation or director Block 12 if	
SIGNAL	VITE. S	SIGNATURE AND TYPED OR PA	INTED NAME OF SIGNING OFFICER	OR CIREC	TOR		Date	,	Daytime Phone #		1