

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90415 013 ***150.00

DOCUMENT # P01000077713

1. Entity Name
TGS AUTO, INC.

Principal Place of Business
3056 SOUTH STATE ROAD 7
BAY #59
MIRAMAR FL 33023

Mailing Address
3056 SOUTH STATE ROAD 7
BAY #59
MIRAMAR FL 33023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1134680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, TANIA
7560 N.W. 1ST PLACE
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

PRESIDENT -

4/5/02

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TANIA DE LA CRUZ 7560 NW 1ST PLACE PLANTATION, FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HERIBERTO GISPERT 7560 NW 1ST PLACE PLANTATION, FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY SANTIAGO DE LA CRUZ 7560 NW 1ST PLACE PLANTATION, FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (954) 581-0599

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # POI 000077713 / 669986

Form 1120 Department of the Treasury Internal Revenue Service		U.S. Corporation Income Tax Return For calendar year 2001 or tax year beginning <u>08/01</u> , 2001, end <u>12/31</u> , 2001				OMB No. 1545-0123 2001	
Instructions are separate. See instructions for Paperwork Reduction Act Notice.							
A Check if a: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding co (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp (as defined in Temp. Regs. sec. 1.441-1T - see inst. 1) <input type="checkbox"/>		Use IRS label. Otherwise, print or type. Name <u>TGS AUTO INC</u> No., street, and room or suite no. <u>3056 SOUTH STATE ROAD 7 - BAY # 59</u> City/town, state, and ZIP code <u>MIRAMAR, FL 33023</u>		B Employer identification no. <u>65-1134680</u>		C Date incorporated <u>08/03/2001</u>	
E Check applic. boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change		D Total assets (see instructions), <u>42,375.61</u>					
1a Gross receipts/sales <u>33,177.17</u>		b Less returns and allowances		1c <u>33,177.17</u>			
2 Cost of goods sold (Schedule A, line 8)		CBal		2 <u>15,714.06</u>			
3 Gross profit. Subtract line 2 from line 1c				3 <u>17,463.11</u>			
4 Dividends (Schedule C, line 19)				4			
5 Interest				5			
6 Gross rents				6			
7 Gross royalties				7			
8 Capital gain net income (attach Schedule D (Form 1120))				8			
9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)				9			
10 Other income (see instructions - attach schedule)				10			
11 Total income. Add lines 3 through 10				11 <u>17,463.11</u>			
12 Compensation of officers (Schedule E, line 4)				12			
13 Salaries and wages (less employment credits)				13			
14 Repairs and maintenance				14			
15 Bad debts				15 <u>737.30</u>			
16 Rents				16			
17 Taxes and licenses				17 <u>5,906.55</u>			
18 Interest				18 <u>986.36</u>			
19 Charitable contributions (see instructions for 10% limitation)				19			
20 Depreciation (attach Form 4562)		20		20			
21 Less depreciation claimed on Schedule A and elsewhere on return		21a		21b <u>1,088.10</u>			
22 Depletion				22			
23 Advertising				23			
24 Pension, profit-sharing, etc., plans				24			
25 Employee benefit programs				25			
26 Other deductions (attach schedule)				26			
27 Total deductions. Add lines 12 through 26				27 <u>11,101.82</u>			
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11				28 <u>19,820.14</u>			
29 Less: a Net operating loss (NOL) deduction (see instructions)		29a		29c			
b Special deductions (Schedule C, line 20)		29b		29c			
30 Taxable income. Subtract line 29c from line 28				30 <u><2,357.03></u>			
31 Total tax (Schedule J, line 11)				31			
32 Payments: a 2000 overpayment credited to 2001		32a		32d			
b 2001 estimated tax payments		32b		32e			
c Less 2001 refund applied for on Form 4466		32c		32f			
d Tax deposited with Form 7004		32d		32g			
e Credit for tax paid on undistributed capital gains (attach Form 2439)		32e		32h			
f Credit for Federal tax on fuels (attach Form 4136). See instructions		32f		32h			
g Credit for Federal tax on fuels (attach Form 4136). See instructions		32g		32h			
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached				33			
34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed				34			
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid				35			
36 Enter amount of line 35 you want: Credited to 2002 estimated tax		36		36			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. I am not aware of any information that would require the filing of another return.		Signature of officer <u>[Signature]</u>		Date <u>03/28/2002</u>		Title <u>President</u>	
May the IRS discuss this return with preparer shown below (see inst. 1)?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Preparer's signature <u>[Signature]</u>		Date <u>03/28/2002</u>	
Paid		Preparer's SSN or PTIN <u>266-17-3278 </u>		Check if self-employed <input type="checkbox"/>		EIN	
Preparer's Use Only		Firm's name (or yours if self-employed), address, and ZIP code <u>SUB-Accounting & Tax Service</u>		Phone no. <u>(786) 556-3524</u>		Address <u>P.O. Box 127269</u>	
		Address <u>MIAMI, FL 33012</u>					

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Form 1120 (2001)

Page 3

Schedule J Tax Computation (See instructions.)

1	Check if the corporation is a member of a controlled group (see sections 1561 and 1563) <input type="checkbox"/>	
Important: Members of a controlled group, see instructions.		
2a	If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
(1) \$	(2) \$	(3) \$
b	Enter the corporation's share of:	
(1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
3	Income tax. Check if a qualified personal service corporation under section 448(d)(2) (see instructions) <input type="checkbox"/>	3
4	Alternative minimum tax (attach Form 4626) <input type="checkbox"/>	4
5	Add lines 3 and 4	5
6a	Foreign tax credit (attach Form 1118)	6a
6b	Possessions tax credit (attach Form 5735)	6b
6c	Check: <input type="checkbox"/> Nonconventional source fuel credit <input type="checkbox"/> QEV credit (attach Form 8834)	6c
6d	General business credit. Check box(es) and indicate which forms are attached. <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) <input type="checkbox"/>	6d
6e	Credit for prior year minimum tax (attach Form 8827)	6e
6f	Qualified zone academy bond credit (attach Form 8860)	6f
7	Total credits. Add lines 6a through 6f	7
8	Subtract line 7 from line 5	8
9	Personal holding company tax (attach Schedule PH (Form 1120))	9
10	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	10
11	Total tax. Add lines 8 through 10. Enter here and on line 31, page 1	11

Schedule K Other Information (See instructions.)

	Yes	No		Yes	No
1			Check method of accounting: a <input type="checkbox"/> Cash		
			b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) <input type="checkbox"/>		
2			See the instructions and enter the:		
a			Business activity code no. <u>8953</u>		
b			Business activity <u>REPAIR & CAR SALES</u>		
c			Product or service <u>CARS</u>		
3			At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)		
			If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.		
4			Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		
			If "Yes," enter name and EIN of the parent corporation <input type="checkbox"/>		
5			At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).)		
			If "Yes," attach a schedule showing name and identifying TIN. (Do not include any information already entered in 4 above.)		
			Enter percentage owned <input type="checkbox"/>		
6			During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)		
			If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.		
7			If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.		
			At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation?		
			If "Yes," enter: (a) Percentage owned <input type="checkbox"/> and (b) Owner's country <input type="checkbox"/>		
			The corporation may have to file Form 5472, Information Return of a 25%-Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached <input type="checkbox"/>		
8			Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>		
			If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
9			Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/>		
10			Enter the number of shareholders at the end of the tax year (if 75 or fewer) <input type="checkbox"/>		
11			If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>		
			If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3)(i) or (ii) must be attached or the election will not be valid.		
12			Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) <input type="checkbox"/>		
			\$ <input type="checkbox"/>		

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120). Foreign Operations of U.S. Corporations.

Attachment # PO1000077713/669986

4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2001

Attachment
Sequence No. 67

▶ See separate instructions.

▶ Attach this form to your return.

Partners shown on return

Business or activity to which this form relates

Identifying number

T.G.S. Auto Inc

CARS, REPAIR & SALES

65-1134680

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any "listed property," complete Part V before you complete Part I.

1 Maximum dollar limitation. If an enterprise zone business, see the instructions	1	\$24,000
2 Total cost of section 179 property placed in service (see the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see the instructions.	5	
6 (a) Description of property	(b) Cost or other basis	(c) Elected cost
7 Listed property. Enter amount from line 27	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10 Carryover of disallowed deduction from 2000 (see the instructions)	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2001 Tax Year (Do not include listed property)

Section A — General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See the instructions.

Section B — General Depreciation System (GDS) (See the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property		5,000.00	3 YEARS		S/L	694.45
b 5-year property		4,723.50	5 YEARS		S/L	373.65
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C — Alternative Depreciation System (ADS) (See the instructions.)

16a Class life						
b 12-year			12 yrs.			
c 40-year			40 yrs.	MM	S/L	

Part III Other Depreciation (Do not include listed property.) (See the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2001	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

Part IV Summary (See the instructions.)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	21	1,088.10
22 For assets shown above and placed in service during the current year, enter the	22	

COPY