

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90029 020 ***150.00

025118 AV

DOCUMENT # P01000089499
 1. Entity Name
MIAMI BASS CAR DEALER, INC.

Principal Place of Business 17304 WALKER AVENUE SUITE 100 MIAMI FL 33157	Mailing Address 17304 WALKER AVENUE SUITE 100 MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>17304 Walker Ave</i>	3. Mailing Address <i>17304 Walker Ave</i>
Suite, Apt. #, etc. <i>Suite 100</i>	Suite, Apt. #, etc. <i>Suite 100</i>

City & State <i>Miami Fla</i>	City & State <i>Miami Fla</i>
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4. FEI Number <i>65-1138911</i>	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>33157</i>	Country <i>Dade</i>	Zip <i>33157</i>	Country <i>Dade</i>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent
 Name
Attn: Greg Allen Miami Bass Car Dealer Inc
 Street Address (P.O. Box Number is Not Acceptable)
~~1840~~ *17304 Walker Ave suite 100*
 City *Miami* FL Zip Code *33157*

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 *Greg Allen* (NOTE: Registered Agent signature required when reinstating) DATE *1 Apr 2002*

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALLEN, GREGORY E 17304 WALKER AVENUE SUITE 100 MIAMI FL 33157	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 *Greg Allen* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *1 Apr 2002* Daytime Phone #

CR2E034 (9/01)