

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90003 007 \*\*\*550.00

**DOCUMENT # P01000091702**

1. Entity Name  
**T & S AUTOMOTIVE GROUP INC.**

Principal Place of Business

8545 N.W. 58 ST.  
 MIAMI FL 33166

Mailing Address

8545 N.W. 58 ST.  
 MIAMI FL 33166

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

65-1141-223

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRALLES, ANTONIO  
 18115 N.W. 84TH AVE.  
 MIAMI FL 33015

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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: VD  
 NAME: CAMPA, JORGE  
 STREET ADDRESS: 12070 S.W. 118 ST.  
 CITY-ST-ZIP: MIAMI FL 33186  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: TD  
 NAME: MIRALLES, GUILLERMO  
 STREET ADDRESS: 17900 N.W. 84TH AVE.  
 CITY-ST-ZIP: HIALEAH FL 33015  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: PD  
 NAME: MIRALLES, ANTONIO  
 STREET ADDRESS: 18115 N.W. 84TH AVENUE  
 CITY-ST-ZIP: MIAMI FL 33015  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)