2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State
06-11-2002 90393 021 ***150.00

DOCUMENT # P01000094415

1. Entity Name
ALMA'S AUTO, INC.

Principal Place of Business	Mailing Address
7311 NW 12 STREET #5 MIAMI FL 33126	7311 NW 12 STREET #5 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7330 N.W. 12 S T #103	13961 SW 152 Terr
Suite, Apt. #, etc. # 103	Suite, Apt. #, etc.
City & State Miami FL.	City & State Miami FL
Zip 33126 Country USA.	Zip 33177 Country USA

4. FEI Number 65 1141000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABRERA, OSCAR A 13371 SW 97 COURT MIAMI FL 33176	Name CABRERA OSCAR Street Address (P.O. Box Number is Not Acceptable) 13371 SW 97 COURT City MIAMI **FL** Zip Code 33176

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

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	PD SAUL, ALBERTO 13961 SW 152 TERR MIAMI FL 33177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED 04-18-02 305 969-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #