

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90106 026 ***150.00

DOCUMENT # P01000095911

1. Entity Name
MINT PRE-OWNED CARS, INC.

Principal Place of Business

7368 N.W. 12TH STREET
MIAMI FL 33126

Mailing Address

~~7368 N.W. 12TH STREET~~
~~MIAMI FL 33126~~

2. Principal Place of Business

3. Mailing Address
13565 SW 114 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Fl.

4. FEI Number

65-1141601

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

USA

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

~~BORJA, ROMERO I.~~
~~7368 N.W. 12TH STREET~~
~~MIAMI FL 33126~~

Name
Borja Romeo I.

Street Address (P.O. Box Number is Not Acceptable)
13565 SW 114 Terrace

City
Miami

FL

Zip Code
33186

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]
 Signature typed or printed name of registered agent and title if applicable.

Registered Agent

02/06/2002

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 ~~PD~~ ☒ Delete
NAME ~~BORJA, ROMERO I.~~
STREET ADDRESS ~~7368 N.W. 12TH STREET~~
CITY-ST-ZIP ~~MIAMI FL 33126~~

TITLE **PD** ☒ Change ☐ Addition
NAME **BORJA ROMERO I.**
STREET ADDRESS **13565 SW 114 Terrace**
CITY-ST-ZIP **MIAMI, FL. 33186**

TITLE ~~VD~~ ☒ Delete
NAME ~~RUIZ, WILLIAM~~
STREET ADDRESS ~~330 EAST 61ST ST.~~
CITY-ST-ZIP ~~HALEAH FL 33019~~

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

TITLE ~~SD~~ ☒ Delete
NAME ~~EUSE, JAVIER F~~
STREET ADDRESS ~~10740 N.W. 24TH CT~~
CITY-ST-ZIP ~~PEMBROKE PINES FL 33029~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

02/06/02 (305) 495-5904
 Date Daytime Phone #

CR2E034 (9/01)