

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90446 042 ***150.00

DOCUMENT # P010000 97479

Entity Name

Cannon Motors, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10880 SW 186th Street

3. Mailing Address

10880 SW 186th Street

Suite, Apt. #, etc.

Unit 63

Suite, Apt. #, etc.

Unit 63

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33157

Country

USA

Zip

33157

Country

USA

4. FEI Number

65-1154954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jay Roman

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

10880 SW 186 Street Unit 63

City

Miami

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

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

5/1/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DIRECTOR-PRES-TREASURER	Jay Roman	10880 SW 186 Street	Miami, FL 33157
DIRECTOR-V.P.-SEC.	Jose A. Roman	10880 SW 186 Street	Miami, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

CR2E034B (12/01)