FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) FII FI) DOCUMENT # POIO00102733 1. Entity Name 03 OCT 20 AH 9:54 Hober Autos, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 760 Weside Suite, Apt. #, etc Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 20 & State 4. FEI Number Applied For ロレ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Ü-S. Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zio 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) anuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE NAME NAME **400023954794** 10/20/03--01039--018 **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: FURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEBER AUTOS, INC.

5760 LAKESIDE DR. STE 219 MARGATE, FL 33063

October 14th, 2003

Attn.:
Florida Department of State
Division of Corporations.
P.O. Box 6327
Tallahassee, FL 32314

RE:

65-1147099 Annual Report/UBR 2003

Dear Officer:

Please be advised that I did not received my corporation's 2003 Uniform Business Report. A representative in your office advised me to submitt a letter, the UBR which is available on the internet, along with a money order of \$150.00 in order to renew the corporation for 2003. Attached you will find all the documents required to process and renew the corporation accordingly.

Sincerely,

Hector Bernal

President