

FILED
Jun 24, 2002 8:00 am
Secretary of State

04-08-2002 90062 023 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115424

1. Entity Name
XTENDER AUTOMOTIVE CORP.

Principal Place of Business
782 NW 42 AVE STE 637
MIAMI FL 33128

Mailing Address
782 NW 42 AVE STE 637
MIAMI FL 33128

94512



2. Principal Place of Business
6964 NW 50 St
Suite, Apt. #, etc.

3. Mailing Address
6964 NW 50 St
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33126
Country
USA

City & State
MIAMI FL
Zip
33166
Country
WA

DO NOT WRITE IN THIS SPACE
4. FEI Number
01-0590850
01-590850
Applied For
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE STE 637
MIAMI FL 33128

5. Certificate of Status Desired \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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, if applicable. (NOTE: Registered Agent signature required when resigning.)
DATE: 2/25/02

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DI MARIANA, ANTONIO 782 NW 42 AVE STE 637 MIAMI FL 33128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CARINA 782 NW 42 AVE STE 637 MIAMI FL 33128 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 2/25/02
DAYTIME PHONE #: 305-446-5553

CFR0034 (9/01)