

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90134 024 ***150.00

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DOCUMENT # P01000116433

1. Entity Name
MOTOR-MART INC.



Principal Place of Business
15476 NW 77 CT PMB 403
MIAMI LAKES FL 33016

Mailing Address
15476 NW 77 CT PMB 403
MIAMI LAKES FL 33016

2. Principal Place of Business

3. Mailing Address

8331 N.W. 182ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33015

U.S.A.

4. FEI Number 80-0021629

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEGRON, WILLIAM
11690 NW S RIVER DR
MEDLEY FL 33178

Name

NEGRON, ELSY

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

15476 N.W. 77 CT #403

City

MIAMI LAKES

FL

Zip Code

33016

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 **Elsy Negron** DATE **1/22/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEGRON, WILLIAM	
STREET ADDRESS	11690 NW S RIVER PL	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME	NEGRON, ELSY	
STREET ADDRESS	15476 N.W. 77 CT #403	
CITY-ST-ZIP	MIAMI LAKES, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Elsy Negron**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03 **786-486-4340**
Date Daytime Phone #

CR2E034 (10/02)