FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 0200000689

1. Entity Name STEVE'S USED CAR FALTORY OF FLORIDA, INC



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90166 034 ***150.00

	DO NOT WRITE	IN THIS S	PACE					
	Place of Business 1 5. COURSE DR.	3. Mailing Address P.O. DOX 667125						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
	ANO BEACH /2	Pompano Be	EACH FL	ORIDA	4. FEI Number OI- 061	2343		Applied For Not Applicable
FLOK	2069 Country BROWARD	33066	Country		5. Certificate of S	Status Desired		3.75 Additional e Required
	A THE RESIDENCE OF THE RESIDENCE OF THE PROPERTY OF THE PROPER				. Name and Addr	ess of Current R	egistered A	gent
据是 (中語)			Name		HEN SOI	KNAR		
Age in Constant	DO_NOT_W	RIJE	Street	Address (P.	O. Box Number is:	Not:Acceptable)		
	IN THIS SP	ACE	2	671	On Box Number is:	ulse c		204
		AUL						
			City	Pare	AND BE	Shell	FL	Zip.Code 69
8. The above	named entity submits this statement for	tbe purpose of changing its	registered office	or registered	d agent or both in	the State of Flori		35007
the obligat	tions of registere agent.		3		a agong or oong m	THO GLULO OF FIGH	ou. Cam Igilii	nar with, and accept
		STEPHEN	Sakola	le		-		. >
SIGNATURE	S gratue, typed a printed name of eginered agent a		E: Registered Agent sign		hen reinstating)		7-18-0	
ي .	Adary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State	22-11			n Campaign Finan and Contribution.	ncing	\$5.00 May Be Added to Fees
0.	OFFICERS AND I	DIRECTORS	$(h_{ij}^{(1)}(p_i), h_{ij}^{(1)}(p_i)) = \sum_{i \in \mathcal{A}} h_{ij}^{(1)}(p_i) + \sum_{i \in \mathcal{A}} h_{ij}^{(1)}(p_i)$		BELL O HORATE TO SOME METERS	20 型 MEE 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10	Mary Control	
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ITLE AME TREET ADDRESS ITY-ST-ZIP	STEPHEN SOKOLOF 2671 S. CHORSE O POMPANO BCIT	Pn 4204	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TLE NME REET ADDRESS			TITLE NAME STREET ADDRESS		n canner the control of the control	· · · · · · · · · · · · · · · · · · ·	ASS.	an and the same and the same and

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 execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an of the corporation or the receiver or trustee empowered attachment with an address, with all other like empowered

CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

STEINEN SOKOLOFF YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #