


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91178 038 \*\*\*150.00

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<b>DOCUMENT #</b> P02000003677	
<b>1. Entity Name</b> PERFECT AUTO USA INC.	

<b>Principal Place of Business</b> % CG ACCOUNTING CORP. 4101 RAVENSWOOD ROAD, SUITE 111 FORT LAUDERDALE FL 33312	<b>Mailing Address</b> % CG ACCOUNTING CORP. 4101 RAVENSWOOD ROAD, SUITE 111 FORT LAUDERDALE FL 33312
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<b>2. Principal Place of Business</b> N.W. 5TH AVENUE	<b>3. Mailing Address</b> 3600 MYSTIC POINTE DR.
<b>Suite, Apt. #, etc.</b> # 211	<b>Suite, Apt. #, etc.</b> # 1704
<b>City &amp; State</b> HALLANDALE FL.	<b>City &amp; State</b> AVENTURA FL.
<b>Zip</b> 33009 <b>Country</b> BROWARD	<b>Zip</b> 33180 <b>Country</b> DADE



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 45-0464957	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
<b>7. Name and Address of New Registered Agent</b> Name CG Accounting Corp. Street Address (P.O. Box Number is Not Acceptable) 4101 Ravenswood Road Suite 111 City Ft. Lauderdale FL Zip Code 33312	

**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** David Goldis David Goldis - Accountant 3/12/03  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD</b> GOTLIB, NATAN 4101 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> PERZA, EFRAYIM-ERNIE 4101 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** X SIGNATURE REQUIRED Natan Gotlib 3/12/03 954-394-7888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)