2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2003 8:00 am Secretary of State

1. Entity Nam	MENT # P020000148 e auto sales, inc.	19			05-06-200)3 90052 005 ***1	.50.00	
Principal Plac	e of Business	Mailing Address			1			
240 S.E. 14T	TH STREET	240 S.E. 14TH STREET			•			
#2A	2121	#2A MINNI EL 22121						
MIANI, FL 33	3131	MIAMI, FL 33131			1 18811881 III STEE IIBII BOIII GAIII	Buss Raidi (Sui) Asari Idi		ı
2. Principal Place of Business 280 N.W. 79 TH STREET		3. Mailing Address C/D DCS ///C						
Suite, Apt.		Sulte, Apt. #, etc.			d			
	·	9001-A NW	7TH AYE	NUE	CHECK HERE	IF MAKING CHANGES		_
City & State MIAMI FLORIDA		City & State, MIAMI FLORISA			0.000		pplied For ot Applicable	-
Zip 3315		, Zip , 33/50	Country		5. Certificate of Status Desired	□ \$8.75 Ad	ditional	1
23/3	6. Name and Address of Current F		<u> U.S. A</u>		7. Name and Address of New	Fee Require	ed	ļ ~~
				lame NOEL REMY				
	THISTREET	i			O. Box Number Is Not Acceptab	le)		1
MIAMI, FL	33131			280				
			City	MIAN	11	Tip Cov		-
					· · · · · · · · · · · · · · · · · · ·	FL 337	<u>\$</u>	-
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registered	d agent, or both, in the State of F	lorida. I am familiar with	, and accept	
SIGNATURE	M. Peng	NOEL REM	ny		04-	29-03		
J. C.	Signature, typed or primed name of registered agent a		: Registered Agent sign	aturé réquiréd w	hen reinstating)	DATE	·	
FILE NOWITHEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Fi Trust Fund Contribution)O May Be d to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OF		IS IN 11	1_
TIPLE	P	☐ Delete	TITLE	SEL	ENDEZ, EMRIQUE	A Change	Addition	8
NAME STREET ADDRESS	MENENDEZ, ENRIQUE A 240 S.E. 14TH STREET		NAME STREET ADDRESS		NW 79 5T	•		1 5
CITY-ST-ZIP	MIAMI, FL 33131		CNY-ST-ZIP	MIAA	ni, FL :: 33150			CR2E034 (10/02)
TITLE	V	Delete	TOLE	P	11 W. 1 = 00 0FE	☐ Change	Addition	[왕
NAMÉ	CAMPA, YORMA	/	NAME		RILYN TORRES			-
STREET ADDRESS City-St-Zip	915 JEFFERSON AVENUE, #2C ' MIAMI BEACH, FL 33139		STREET ADDRESS City-St-71P		NW 79 ST			ĺ
TITLE	111111111111111111111111111111111111111	□ Delete	TITLE	VP	77,70133.30		Addition	
NAME .			KALE	-SORE	NA TORREALBA		- 27 - 1	-
STREET ADDRESS	Į.		STREET ADDRESS	-0	NW 79 ST			[
CITY-ST-2P			CTIY-ST-ZIP	MIAI	mi FL 33150			1
TITLE NAME		☐ Delete	TIFLE NAME		;	☐ Change	☐ Addition	.
STREET ADDRESS			STREET ADDRESS					1
CITY-ST-ZP	, - 		CITY-ST-ZIP			·		
TITLE		☐ Delete	TITLE	1		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TIFLE		<u> </u>	☐ Change	Addition	
NAME			NAME					
STREET ADDRESS City-St-ZP			STREET ADDRESS		1			
	partify that the information augmilian with	this filling close not qualify for	CffY-S1-ZiP	ated in Sact	ion 110 07/3Vi) Florida Statuta	I further equify that the i	oformation	-
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 othersilke empowered.								
SIGNAT	URE: Emmand	televerela	ERIOU	iE me	NONDEZ 04-29-	03 305-216-91	160	
J. 311771		INTED NAME OF SIGNING OFFICER	OR DIRECTOR		Data	Daytime Phone		