FILED
Jun 16, 2003 8:00 am
Secretary of State
05-08-2003 90169 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/8/

55048298

DOCUMENT # P02000019989

1. Entity Name
TRANS ATLANTIC AUTO SALES USA INC. (D)

Principal Place of Business	Mailing Address
2219 SCOTT STREET HOLLYWOOD FL 33020	2219 SCOTT STREET HOLLYWOOD FL 33020

2. Principal Place of Business	3. Mailing Address
516 S DIXIE HWAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State
Zip: 33020 Country: USA	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3607899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILION, JEAN 2219 SCOTT STREET HOLLYWOOD FL 33020	Name: FILION JEAN Street Address (P.O. Box Number is Not Acceptable): 516 S DIXIE HWAY City: HOLLYWOOD FL Zip Code 33020

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 [signature] 5-5-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILION, JEAN 2219 SCOTT STREET HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FILION JEAN 516 S DIXIE HWAY HOLLYWOOD FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILIATREAULT, MICHEL 3300 N STATE ROAD 7 HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED [signature] P/ 05/05/03 954-605-0470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #