

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90055 015 ***150.00

DOCUMENT # P02000021666

1. Entity Name
RX7 AUTOMOTIVE, INC



Principal Place of Business
745 N.W. 122ND PASS
MIAMI FL 33182

Mailing Address
745 N.W. 122ND PASS
MIAMI FL 33182

2. Principal Place of Business

10880 SW 186 ST
Suite, Apt. #, etc.
#63

City & State
MIAMI, FL

Zip 33157 **Country** USA

3. Mailing Address

10880 SW 186 ST
Suite, Apt. #, etc.
#63

City & State
MIAMI, FL

Zip 33157 **Country** USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

41-2076528

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LLORENS, BORIS D
745 N.W. 122ND PASS
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

— SAME —

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-3

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

TITLE D ☐ Delete
NAME LLORENS, BORIS D
STREET ADDRESS 745 N.W. 122ND PASS
CITY-ST-ZIP MIAMI FL 33182

TITLE D ☐ Delete
NAME DIAZ, EMILIO L
STREET ADDRESS 15956 S.W. 81ST ST.
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE — SAME — ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE — SAME — ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-3

Date

305-979-5407

Daytime Phone #

CR2E034 (10/02)