

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91269 043 \*\*\*150.00

0318519 AV

**DOCUMENT # P02000043362**

1. Entity Name  
**CAR PLUS, CORP.**



Principal Place of Business

**9848 S.W. 117 PL  
MIAMI FL 33186**

Mailing Address

**9848 S.W. 117 PL  
MIAMI FL 33186**

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2. Principal Place of Business

**7319 NW 46th St**  
Suite, Apt. #, etc.

3. Mailing Address

**7319 NW 46th St**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI - FL**

City & State

**MIAMI - FL**

4. FEI Number

**01-0671607**

Applied For

☐ Not Applicable

Zip

**33186**

Country

**USA**

Zip

**33186**

Country

**USA**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAROLA, LUIS J  
9848 S.W. 117 PL  
MIAMI FL 33186 -**

7. Name and Address of New Registered Agent

Name

**CAROLA, LUIS J**

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

**7319 NW 46th St.**

City

**MIAMI**

**FL**

Zip Code

**33186**

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

**Luis J. Carola**

**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	DP	<input type="checkbox"/> Delete
NAME	<b>CAROLA, LUIS J</b>	
STREET ADDRESS	<b>9848 S.W. 117 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLA, LUIS J</b>	
STREET ADDRESS	<b>7319 NW 46th St.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/24/03**

Date

**305-593-8081**

Daytime Phone #

CR2E034 (10/02)