FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90038 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000062901

1. Entity Name
MIAMI AUTO CENTER inc.

90130904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4426 NW 32 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33142 Country: M-DADE	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0957236 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ARIEL ZAYAS
Street Address (P.O. Box Number is Not Acceptable): 625 75 Street #3
City: MIAMI BEACH FL Zip Code: 33141

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 ____________________ 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	ALEX Y. ROSSO 14720 SW 104 Terrace MIAMI, FLORIDA 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E078 (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4/28/03 6350264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #