


FILED
Jan 27, 2003 8:00 am
Secretary of State

01-08-2003 90047 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000074894	
1. Entity Name FUJIS AUTO SALES CORP.	

Principal Place of Business 341 N.W. 59 AVE. MIAMI FL 33126	Mailing Address 341 N.W. 59 AVE. MIAMI FL 33126
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2. Principal Place of Business 12517 S.W. 130 ST. Suite, Apt. #, etc.	3. Mailing Address 341 N.W. 59 AVE Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State MIAMI, FLA.	City & State MIAMI, FLA.	4. FEI Number 810560324	Applied For Not Applicable
Zip 33186	Country USA	Zip 33186	Country USA

6. Name and Address of Current Registered Agent LOPEZ, FULGENCIO 341 N.W. 59 AVE. MIAMI FL 33126	7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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:  (PRES) DATE: 5 JAN 03

Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROQUE, ORELUIS 341 N.W. 59 AVE. MIAMI FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE MR. ROQUE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, FULGENCIO 341 N.W. 59 AVE. MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 5 Jan 03 DAYTIME PHONE #: 305-439-3088

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)