

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90104 018 ***150.00

DOCUMENT # P02000082218

1. Entity Name
JS FINE CARS, INC.



Principal Place of Business
12697 N.W. 8TH WAY
MIAMI FL 33125

Mailing Address
12697 N.W. 8TH WAY
MIAMI FL 33125



2. Principal Place of Business

5600 NW 7th

3. Mailing Address

12697 N.W. 8th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FLA

City & State

MIAMI, FL

4. FEI Number

56-229091-8

Applied For

Not Applicable

Zip

33126

Country

Zip

33182

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRALIA, MARIA A ESQ.
1246 N.W. 32 PLACE
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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 *Maria A. Gralia*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/03

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	P	☐ Delete
NAME	SANTE, JORGE E	
STREET ADDRESS	12697 N.W. 8TH WAY	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	T	☐ Delete
NAME	SANTE, JORGE E	
STREET ADDRESS	12697 N.W. 8TH WAY	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	S	☐ Delete
NAME	SANTE, JORGE E	
STREET ADDRESS	12697 N.W. 8TH WAY	
CITY-ST-ZIP	MIAMI FL 33182	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 an other like empowered.

SIGNATURE:

Signature of Jose Sante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03 305-261-7449

Date

Daytime Phone #

CR2E034 (10/02)