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

DOCUMENT # P02000099671

EFB AU1



FILED OF EEB ID WAIL: PJ

DO NOT WRITE IN THIS SPA	TALLAHASSEE, FLOROD	
UTO SALES, CORP.		LEUNLIARO O SINGLE TALLAHASSEE, FLORIDI

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2. Principal Place of Business 2591 SW 14 STREET 2591 SW 14 STREET 3. Mailing Address 2591 SW 14 STREET									
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & Stat	State FON BEACH, FL		City & State BOYNTON BEACH, FL			4. F	4. FEI Number 81-0570248 Applied For Not Applicable		
Zip 33426		Country JSA	Zip 33426	Cou	untry	ntry 5 Cartificate of Status Depired 1 \$8.75 Ad		\$8.75 Additional	
30420		J3A	33420	US	<u>ম</u>	7. Nar	ne and Address of Current Registers	Fee Required	
•	<u>. </u>				Name E		F. BATISTA		
DO NOT WRITE				Same and Silver 1999	Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE					2591 SW 14 STREET				
•				City BOYNTON BEACH FL 33426					
5. The chart		1						- [33426	
the obligat	e named entity s tions of register	ubmitstnis statement f ed agent,	or the purpose of char	iging its registe	ered office or i	registered age	int, or both, in the State of Florida, I am	familiar with, and accept	
SIGNATURE	Signati e, ri pero	fed name of registered agen	it and little it applicable,	(NOTE: Registe	ered Agent signatur	e required when rein	instaling) DATE	21/2004	
Ja		Fee is \$150.00					6 Florida O	A - A -	
• •	Amended U	Fee is \$550.00 IBR is \$61.25					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check	k Payable to F	Iorida Department of OFFICERS AND							
TITLE	PRESIDENT	F, DIRECTOR - EN		STA II	TLE		<u>. ·</u>		
HAME	2591 SW 14	Street	ACKSON BIN	.NA	AME		A-MARA		
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12. Thereby certify that the information subfilled with this filling 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 instead 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, withful piper like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

03/21/2004

(561) 58f-0118

RE: EFB AUTO SALES, CORP.

P02000099671

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY REINSTATEMENT FEE BECAUSE I DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICE. PLEASE VERIFY IN YOUR RECORDS IF YOU HAVE MY CORRECT ADDRESS. THANK YOU.

4. 4

MY ADDRESS:

2591 SW 14 STREET BOYNTON BEACH, FL 33426

KSON F. BATISTA