

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90074 026 ***150.00

0243786
 AV

DOCUMENT # P93000015815

1. Entity Name
TESTA ROSSA MOTORS, INCORPORATED

Principal Place of Business **Mailing Address**
~~4537 PONCE DE LEON BLVD.~~ ~~4537 PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33146~~ ~~CORAL GABLES FL 33146~~

2. Principal Place of Business **3. Mailing Address**
 1681 S.W. 67 Ave 1681 S.W. 67 Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Miami, FL Miami, FL
Zip **Country**
 33155 33155

4. FEI Number **Applied For**
 65-0390705 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, JOSE W
4535 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

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.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREZ, JOSE W		NAME		
STREET ADDRESS	4535 PONCE DE LEON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREZ, JOSE W		NAME		
STREET ADDRESS	4535 PONCE DE LEON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **3/5/02** **(505) 667-1653**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)