

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

DOCUMENT # **P93000025058**

1. Entity Name
AUTO IMPORTS OF BOCA, INC.



Principal Place of Business
**850 NW 1ST AVENUE
BOCA RATON FL 33432**

Mailing Address
**C/O COMPUKEEPER
1446NW 2ND AVE. #105
BOCA RATON FL 33432**

2. Principal Place of Business
5631 Coach House Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip
33486

Zip

Country

4. FEI Number **65-0420163**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ABLA, HASSAN H.
5631 COACH HOUSE CIRCLE
BOCA RATON FL 33486**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P**
NAME: **ABLA, HASSAN H**
STREET ADDRESS: **5631 COACH HOUSE CIRCLE**
CITY-ST-ZIP: **BOCA RATON FL 33486**

Delete

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Change Addition

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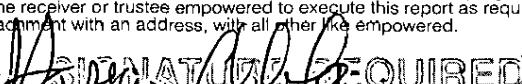
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:  REQUIRED Hassan H. Abla, PR 4/6/03 561-361-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/10/2003
C-103690

**FILED
Apr 10, 2003 8:00 am
Secretary of State**

04-10-2003 90099 027 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)