

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90004 018 ***550.00

DOCUMENT # P93000029449

1. Entity Name

CUBANEYES AUTO SALES CORP.

Principal Place of Business

1680 W 41ST
HIALEAH FL 33012
US

Mailing Address

1295 W 30TH STREET
HIALEAH FL 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0406160

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERERA, ARMANDO
1824 W 72ND STREET
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name

Rita Diaz

Street Address (P.O. Box Number is Not Acceptable)

1295 W 30 ST

City

Hialeah

FL

Zip Code

33012

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

Rita Diaz President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS DIAZ, RITA 1295 WEST 30TH ST. HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RITA 1295 WEST 30TH STREET HIALEAH FL 33012	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

305-821-2221
2:45 P.M.

Daytime Phone #