2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000012025**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

AVILES AUTO SALE CORP.



08-08-2000 90094 042 ***150.00 Principal Place of Business Mailing Address 13051 NW 32ND COURT 13051 NW 32ND COURT **BAY 13 BAY 13** OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. · . DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0467458 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AVILES, GUSTAVO A Street Address (P.O. Box Number is Not Acceptable) 13051 NW 32ND COURT **BAY 13** OPA LOCKA FL 33054 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete AVILES, GUSTAVO A NAME STREET ADDRESS 2815 S.W. 24TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP - Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied 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 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.

FILED Aug 08, 2000 8:00 am Secretary of State

J.C. MOLINA & CO.

ACCOUNTING, TAX & FINANCIAL SERVICES BUSINESS MANAGEMENT EVALUATION

July 18, 2000

UNIFORM BUSINESS REPORT DIVISION OF CORPORATION P.O. Box 1500 Tallahassee, Florida 32302-1500

Ref: Document P94000012025_

Dear Sir:

I am writing this letter in the name of AVILES AUTO SALES, CORP. who was unable to paid on time the annual report due to the fact: 1) It never received such a paper at the address the business is located and 2) Its former accountant was diagnosed with cancer in the liver and he was unable to perform in completing his duties. Finally we got the report form from your office in order to send it to you with the check of \$150.00 to pay the annual report.

We hope that your generosity and understanding of this matter will be sufficient enough to avoid any penalty and the Company will become active again.

HH TO C MOLINA

AVILES AUTO SALES, CORP.