

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90144 049 \*\*\*150.00

0431540

**DOCUMENT # P94000017791**

1. Entity Name  
**BJE AUTO WHOLESALER, INC.**

Principal Place of Business 1452 OSCEOLA PARKWAY EAST SUITE K KISSIMMEE FL 34743	Mailing Address 1452 OSCEOLA PARKWAY EAST SUITE K KISSIMMEE FL 34743
---	---

**DUU440J5**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1450 E. Osceola Parkway</b>	3. Mailing Address <b>1450 E. Osceola Parkway</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Kissimmee, Florida</b>	City & State <b>Kissimmee, Florida</b>	4. FEI Number <b>59-3228428</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>34744</b>	Country <b>OSCEOLA</b>	Zip <b>34744</b>	Country <b>OSCEOLA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>

6. Name and Address of Current Registered Agent  
**BARBOSA, BENJAMIN**  
**1452 OSCEOLA PARKWAY EAST**  
**SUITE K**  
**KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1450 E. OSCEOLA PARKWAY**  
 City **KISSIMMEE** FL Zip Code **34744**

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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>BARBOSA, BENJAMIN</b> <b>3718 SPEAR POINT DR</b> <b>ORLANDO FL 32837</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>MALDONADO, JAIME F</b> <b>3718 SPEAR POINT DR</b> <b>ORLANDO FL 32837</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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: Ben Barbosa **BEN BARBOSA** 04/27/01 (407) 846-2556  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)