

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046583

1. Entity Name

MIAMI INTERNATIONAL AUTO BROKERS, CORP.

Principal Place of Business

7905 N.W. 64ST
MIAMI FL 33166

Mailing Address

7905 N.W. 64ST
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CASAL, HATUEY
7905 N.W. 64 STREET
MIAMI FL 33166

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

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 \$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

TITLE NAME
P CASAL, HATUEY
STREET ADDRESS 7905 N.W. 64 ST.
CITY-ST-ZIP MIAMI FL 33166

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

TITLE NAME
Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90037 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0497393

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

CR2E034 (9/01)