

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053228

1. Entity Name

RAMMARS AUTOMOTIVE, INC.

Principal Place of Business

4769 NW 72ND AVENUE
MIAMI FL 33166

Mailing Address

4769 NW 72ND AVENUE
MIAMI FL 33166

2. Principal Place of Business

4715 NW 72ND AVE
Suite, Apt. #, etc.

3. Mailing Address

JAHK

City & State

MIAMI, FLA.

Zip

33166

Country

Zip

Country

4. FEI Number

65-0601277

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

LOGAN, RALSTON

4769 NW 72ND AVENUE
MIAMI FL 33166

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

4715 NW 72ND AVE

City

MIAMI

FL

Zip Code
33166

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, 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 D Delete
NAME LOGAN, RALSTON
STREET ADDRESS 4769 NW 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE Change Addition
NAME 4715 NW 72ND AVE
STREET ADDRESS 4715 NW 72ND AVE
CITY-ST-ZIP MIAMI FL 33166

TITLE D Delete
NAME LOGAN, ALESA
STREET ADDRESS 4769 NW 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE Change Addition
NAME 4715 NW 72ND AVE
STREET ADDRESS 4715 NW 72ND AVE
CITY-ST-ZIP MIAMI FL 33166

TITLE D Delete
NAME LOGAN, IRIS
STREET ADDRESS 4769 NW 72ND AVENUE
CITY-ST-ZIP MIAMI FL 33166

TITLE Change Addition
NAME 4715 NW 72ND AVE
STREET ADDRESS 4715 NW 72ND AVE
CITY-ST-ZIP MIAMI FL 33166

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

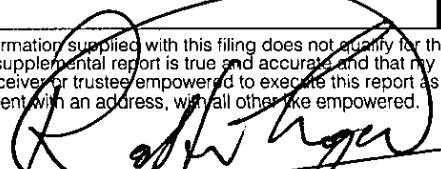
TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/3/01

Date

Daytime Phone #

CR2E034 (10/00)