

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000074368
1. Entity Name
6th Ave Auto Inc

FILED
03 JAN 13 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
213 E SIX AVE
Suite, Apt. #, etc.
City & State
TALL FL
Zip
32303 Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
TALL FL
Zip
32303 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3335968 Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Hossein Moughari
Street Address (P.O. Box Number is Not Acceptable)
213 E SIX AVE
City
TALL FL Zip Code
32303

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 Hossein Moughari DATE 11-18-02
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.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President Hossein Moughari 213 E SIX AVE TALL FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600010665256 01/23/03--01004--022 **158.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Ricky Glenn Anglin 4122 Tralce RD TALL FL 32308</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hossein Moughari DATE 11-18-02 850 222 7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)