**FILED**
**May 21, 2003 8:00 am**
**Secretary of State**
05-21-2003 90193 048 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P95000075282

1. Entity Name
Ancar Imports Corp.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4890 N.W. 102nd Ave. | 4890 N.W. 102nd Ave. |
| Suite, Apt. #, etc.: Suite 102 | Suite, Apt. #, etc.: Suite 102 |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33178-2222 Country: USA | Zip: 33178-2222 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0610176 ☐ 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: Cañizares, Diego
Street Address (P.O. Box Number is Not Acceptable): 4890 N.W. 102nd Ave.
Apt. 102
City: Miami **FL** Zip Code: 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE | D/P | TITLE | |
| NAME | Cañizares, Diego | NAME | |
| STREET ADDRESS | 4890 N.W. 102nd Ave., Apt. 102 | STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33178 | CITY-ST-ZIP | |
| TITLE | D/T | TITLE | |
| NAME | Díaz, Jorge F. | NAME | |
| STREET ADDRESS | Km. 5.5, Manta-Montecristy | STREET ADDRESS | |
| CITY-ST-ZIP | Manta, Ecuador | CITY-ST-ZIP | |
| TITLE | D/S | TITLE | |
| NAME | Faieta, Claudia | NAME | |
| STREET ADDRESS | 4890 N.W. 102nd Ave., Apt. 102 | STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33178 | CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Diego Cañizares 305-513-4652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL323801F.1