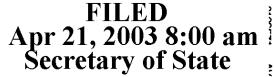
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P96000026113 **DOCUMENT #**



1. Entity Name CARSOF OF BROWARD, INC.									04-21-2003	90486	023 ***1	50.00	
Principal Place of Business 7604 S.W. 8TH STREET NORTH LAUDERDALE FL 33068				Mailing Address 7604 S.W. 8TH STREET NORTH LAUDERDALE FL 33068				<u> </u>		u rriilāri	(A. 13816 BILB) III	181 11888 (11 <sub>1-1</sub> 188)	<del></del> -
2. Principal P	lace of Busir	ness	3. Mai	iling Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				······································		☐ CHECK HERE	F MAKII	NG CHANGE	ES	
City & State			City & State				4. FEI Number NOT AP			ABLE	— →	Applied For Not Applicab	le
Zip Country			Zip Count			ntry			rtificate of Status Desired		<b>\$8.75</b> A Fee Requ		
	6. Name	and Address of Current F	Register	ed Agent		Name		7. Na	me and Address of New R	egistere	d Agent		4
CARRILLO, CARLOS							TVATIO .						
7604 S.W. 8TH STREET							dress (P.	O. Box	Number is Not Acceptable	)			
		E FL 33068											
80 c							FL Zip Code					ode	-
8. The above	named entitions of regis	Submits this statement for ered agent.	the purp	oose of changing its r	egister	ed office or re	egistere	agen	t, or both, in the State of Flo	rida. Lar	n familiar wit	h, and accep	t
SIGNATURE .	Signature Sched	or primed law of sourced agent at	nd title if app	incards (NOTE:	Registere	d Agent signature	required w	hen reins	tating)	DATE		·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of									Election Campaign-Fin     Trust Fund Contribution			.00 May Be led to Fees	
10.		. OFFICERS AND D	DIRECTO	PRS	11.			ADDI	TIONS/CHANGES TO OFFI	CERS AI	ND DIRECTO	DRS IN 11	$\exists$
NAME STREET ADDRESS CITY-ST-ZIP	7604 S.W.	, CARLOS . 8TH STREET AUDERDALE FL 33068		☐ Delete							☐ Chang	e	E034 (40/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Chang	e 🔲 Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		<b>I</b>					☐ Chango	e 🗌 Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	e 🔲 Additio	n
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete					فيخيين جاء ويا فارتا		☐ Change	e ☐ Additio	n
TITLE NAME STREET ADDRESS CITY - ST - ZIP			,	☐ Delete		i i					Change	e 🗋 Additio	n

12. I hereby certify that the information supplied with this filling goes 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 Block 11 if changed, or on an attachment with an address, with all o ther like empowered.

**SIGNATURE:**