

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **P96000073394**

1. Entity Name

J + X Auto Sales Inc.

02 OCT -2 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008201206--7

-10/04/02--01027--012

*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6106 Hoffman Ave.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3399805

Applied For

Not Applicable

Zip

32822

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Juan X. Rodriguez

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

6106 Hoffman Ave.

City

Orlando

FL

Zip Code

32822

**DO NOT WRITE
IN THIS SPACE**

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

Juan X. Rodriguez President/Director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/1/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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: **D**
NAME: **RODRIGUEZ, JUAN X.**
STREET ADDRESS: **12156 GREGG DRIVE**
CITY-ST-ZIP: **Orlando FL 32824**

TITLE: **D**
NAME: **Wilfredo Torres**
STREET ADDRESS: **5253 MAUI LANE**
CITY-ST-ZIP: **Orlando FL 32812**

Addition ✓

TITLE: **D**
NAME: **Rodriguez, Genovia**
STREET ADDRESS: **12156 Gregg Dr.**
CITY-ST-ZIP: **Orlando FL 32824**

DELETE

**DO NOT WRITE
IN THIS SPACE**

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:

Juan X. Rodriguez Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02

DATE

(321) 297-8054

Daytime Phone #

CR2E034B (12/01)