

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90009 009 ***150.00

DOCUMENT # P96000100052

1. Entity Name

U S GLOBAL AUTO SALES INC.

Principal Place of Business

401 E. 24 ST.
HIALEAH FL 33010

Mailing Address

PO BOX 22652
HIALEAH FL 33002
US

2. Principal Place of Business

414 E 95th.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIALEAH. FL

City & State

Zip

33010

Country

Zip

Country

4. FEI Number 65-0713024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, PEDRO
401 E. 24 ST.
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

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

414 E 95th.

City

HIALEAH

FL

Zip Code

33010

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 then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SUAREZ, PEDRO	
STREET ADDRESS	401 E. 24 ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SUAREZ, DAISY	
STREET ADDRESS	401 E. 24 ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TUNDIDOR, HECTOR	
STREET ADDRESS	401 E. 24 ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUNDIDOR, EMMA	
STREET ADDRESS	401 E. 24 ST.	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, PEDRO	
STREET ADDRESS	414 E 95th	
CITY-ST-ZIP	HIALEAH. FL. 33010	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, DAISY	
STREET ADDRESS	414 E 95th.	
CITY-ST-ZIP	HIALEAH. FL. 33010	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNDIDOR, HECTOR	
STREET ADDRESS	414 E 95th.	
CITY-ST-ZIP	HIALEAH. FL. 33010	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUNDIDOR, EMMA	
STREET ADDRESS	414 E 95th	
CITY-ST-ZIP	HIALEAH. FL. 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/24/01

CR2E034 (10/00)