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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State **DOCUMENT #** P96000100052 1. Entity Name 02-13-2002 90289 035 ***150.00 U S GLOBAL AUTO SALES INC. Principal Place of Business Mailing Address 414 F 9ST PO BOX 22652 HIALEAH FL 33010 HIALEAH FL 33002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0713024 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUAREZ, PEDRO Street Address (P.O. Box Number is Not Acceptable) 414 E 9ST HIALEAH FL 33010 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition TITLE Delete TITLE NAME NAME SUAREZ, PEDRO STREET ADDRESS 414 E 9ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME SUAREZ, DAISY STREET ADDRESS STREET ADDRESS 414 E 9ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 Delete TITLE ~~~ TITLE Change ☐ Addition .VSD NAME TUNDIDOR, HECTOR NAME STREET ADDRESS STREET ADDRESS 414 E 9ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE ☐ Delete TITLE Change ☐ Addition TD NAME NAME TUNDIDOR, EMMA STREET ADDRESS STREET ADDRESS 414 E 9ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 application of the corporation of the corporation of the corporation of the receiver of trustee empowered.