

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 030 ***150.00

DOCUMENT # P97000006851

1. Entity Name
SUPER AUTO SALES, INC.



Principal Place of Business
3700 N.W. 27TH AVENUE
MIAMI FL 33142

Mailing Address
P.O. BOX 143152
CORAL GABLES FL 33114

2. Principal Place of Business

10123 West Okechobee Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah Garden FL

City & State

4. FEI Number 65-0722363

Applied For
Not Applicable

Zip
33016

Country
DADE

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AGUDO, PEDRO
1111 CORAL WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Ernesto PRIEDE
Street Address (P.O. Box Number is Not Acceptable)
8664 NW 2 Lane
City Miami FL Zip Code 33126

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 obligation of the registered agent.

SIGNATURE: [Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 PS ☒ Delete
NAME AGUDO, PEDRO
STREET ADDRESS 5250 S.W. 8TH STREET, #250
CITY-ST-ZIP MIAMI FL 32114

TITLE VP ☐ Delete
NAME PRIEDE, ERNESTO
STREET ADDRESS 8664 NW 2 LANE
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment hereto with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)