

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020466

1. Entity Name

Baymar Enterprises/Car Center, Inc.

Principal Place of Business

Mailing Address

2100 NW 107 Ave.
Miami, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0838902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Maria T. Herrera
2100 NW 107 Ave.
Miami, FL 33172

Name

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

City

FL

Zip Code

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]

Signature (type or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEES: \$150.00

AFTER MAY 1, 2001: Fee will be \$250.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP/D
NAME Maria T. Herrera
STREET ADDRESS 2100 NW 107 Ave.
CITY-ST-ZIP Miami, FL 33172

☐ Delete

TITLE P/D
NAME Maria A. Valenzuela
STREET ADDRESS 2100 NW 107 Ave.
CITY-ST-ZIP Miami, FL 33172

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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]

01 SEP 21 PM 3:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Baymar Enterprises/Care Center, INC
DOC.# P47000020466

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

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01 SEP 21 PM 3:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

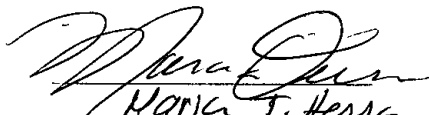
TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF
SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS
CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS
LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


v. PRESIDENT