

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90096 017 ***150.00

FOR PROPER COMPLETION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 097000032236

Entity Name

Unity Auto Sales Inc. ✓

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
66 nw 27th avenue
Suite, Apt. #, etc.

3. Mailing Address
35 nw 27th avenue
Suite, Apt. #, etc.

80051438

DO NOT WRITE IN THIS SPACE

City & State
miam, fl9
Zip
33125
Country
USA

City & State
miami, fl9
Zip
33125
Country
USA

4. FEI Number
65-0235143
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP
P	FRANCO, ANGEL JR	35 nw 27 ave	Miami, fl9 33125
VP	0122 PLACIDO	35 nw 27 ave	Miami, fl9 33125

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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 687, Florida Statutes; and that my name appears in Block 11 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 #

Angel du anes
ANGEL FRANCO JR
2-1-02
305 643-2669