

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90165 025 ***150.00

DOCUMENT # P97000033748

1. Entity Name
R.G.B. AUTO SALES, CORP.

Principal Place of Business

9741 NW 27 AVE
MIAMI FL 33147
US

Mailing Address

9741 NW 27 AVE
MIAMI FL 33147
US

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 59-3439355

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

~~GUZMAN, RAFAEL A
13800 CROOKED PALM PL
MIAMI LAKES FL 33014~~

Name RAFAEL GUZMAN

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

13813 N.W. 10 ct.

City PEMBROKE PINES

FL

Zip Code 33028

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 

RAFAEL GUZMAN

1/19/01

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME GUZMAN, RAFAEL A ☐ Delete
STREET ADDRESS ~~13800 CROOKED PALM PL~~
CITY-ST-ZIP ~~MIAMI LAKES FL 33014~~

TITLE DP ☒ Change ☐ Addition
NAME GUZMAN, RAFAEL
STREET ADDRESS 13813 N.W. 10 ct.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL
GUZMAN

1/19/01

Date

(305)
693-2900

Daytime Phone #

CR2E034 (10/00)