

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT #	P97000050712
1. Entity Name	
BESTWAY AUTOMOTIVE INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2196 NW 24 COURT		8360 WEST FLAGLER STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33142	US	33144	US

000000517015
05/01/06-80027-016 150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0765688	Not Applicable
5. Certificate of Status Desired	\$8.75 Addition Fee Required
<input type="checkbox"/>	

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7. Name and Address of Current Registered Agent

Name
RODRIGUEZ, JUAN

Street Address (P.O. Box Number is Not Acceptable)
2196 NW 24 COURT

City
MIAMI

FL

Zip Code
33142

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$51.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11.	
TITLE	PD	TITLE	
NAME	RODRIGUEZ, JUAN	NAME	
STREET ADDRESS	2196 NW 24 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	RODRIGUEZ, ISIS	NAME	
STREET ADDRESS	2196 NW 24 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN RODRIGUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06