

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079707

1. Entity Name

OUT OF THIS WORLD Automotive, INC.

Principal Place of Business

Mailing Address

94 NE 20 TERR
MIAMI, FL 33137

94 NE 20 TERR
MIAMI, FL 33137

2. Principal Place of Business

3. Mailing Address

94 NE 20 TERR.

94 NE 20 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33137

City & State

MIAMI FL

4. FEI Number

650813796

Applied For

Not Applicable

Zip

Country

33137

DADE

Zip

Country

33137

DADE

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

Eisler, Michael J
4700 BISCAYNE BLVD #200
MIAMI FL 33137

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)

☐

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	PD	☐ Delete
NAME	PEREZ, LUIS	
STREET ADDRESS	94 NE 20 TERR	
CITY - ST - ZIP	MIAMI, FL 33137	
TITLE	VD	☐ Delete
NAME	JAIME, SEBASTIAN I	
STREET ADDRESS	94 NE 20 TERR.	
CITY - ST - ZIP	MIAMI, FL 33137	
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		

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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STREET ADDRESS		
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 I&D empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90054 027 ***150.00

770574

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)