

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000090416** ✓

1. Entity Name

LAS AMERICAS AUTO DEALER, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3562 N.W. 50 ST.

Suite, Apt. #, etc.

3. Mailing Address

13001 S.W. 17 TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0789654

Applied For

☐ Not Applicable

Zip

Country

33142

USA

Zip

Country

33175

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENZUELA, GUILLERMO E.
13001 S.W. 17 TERR
MIAMI FL. 33175

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

GUILLERMO E. VALENZUELA

4/28/00

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, 2000 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 **PS** ☐ Delete
NAME **VALENZUELA, GUILLERMO E.**
STREET ADDRESS **13001 S.W. 17 TERR**
CITY-STATE-ZIP **MIAMI, FL. 33175**

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

TITLE ☐ Delete
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CITY-STATE-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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUILLERMO E. VALENZUELA

Date

Date in Phone

4/28/00

788-4221