2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000100019

1. Entity Name

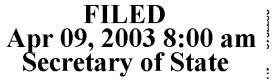
FOREIGN CAR BROKERS, INC.



Principal Place of Business

DOCUMENT #

Mailing Address



04-09-2003 90176 029 ***150.00

| 2024 NE 161 ST NORTH MIAMI BE | | | NE 161 ST., BAY C H MIAMI BEACH FL 33162 | | | | | | | |
|---|---|-------------------------------|---|---|-------------------------|---|------------|-----------|----------|--|
| 2. Principal Place | of Business | 3. Mailing Addres | 3. Mailing Address | | | <u> </u> | | | | |
| Suite, Apt. #, e | tc. | Suite, Apt. #, et | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | City & State | | | 4. FEI Number 65-0746846 Applied For Not Applicable | | | | |
| Zip | Country Zip | | Countr | Country | | 5. Certificate of Status Desired | | | | |
| 6. Name and Address of Current Registered Age | | | 1 | | 7: Name a | and Address of New Re | | • | | |
| COHEN, ABRAHAM 2024 NE 161ST | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| BAY M NORTH MIAMI BEACH FL 33162 | | | | City FL Zip Code | | | | 9 | | |
| the obligations SIGNATURE Signa FILE After Ma | ned entity submits this statemer of registered agent. ature, typed or printed name of registered as NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550. yable to Florida Departmen | gent and title if applicable. | | | uired when reinstating) | | DATE | \$5.00 | May Be | |
| 10. | • | ND DIRECTORS | 11. | | ADDITION | NS/CHANGES TO OFFIC | CERS AND I | DIRECTORS | S IN 11 | |
| TITLE VP SI/STREET ADDRESS 20 | | ☐ Dela | ete TITLE NAME | T ADDRESS ST-ZIP | , lob me. | | | ☐ Change | Addition | |
| STREET ADDRESS 20 | DHEN, ABRAHAM 24 NE 161ST BAY M DRTH MIAMI BCH FL 33162 | □ Dele | NAME | T ADDRESS ST-ZIP | 1 | | | ☐ Change | Addition | |
| TITLE | material de la lacia de la | · ~ ~ TD Dele | NAME | T ADDRESS | | | پ≻نجیس نے | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Dele | NAME | T ADDRESS ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | | □ Dele | NAME | T ADDRESS ST-ZIP | | - | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Dele | NAME | T ADDRESS | | | | Change . | Addition | |

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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: