

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-24-2003 90254 015 ***150.00

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1. Entity Name
PINECREST AUTOMOTIVE CORP.

Principal Place of Business
5818 SW 68TH ST
SOUTH MIAMI FL 33143

Mailing Address
5818 SW 68TH STREET
S. MIAMI FL 33143
US

00000010



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 65-0804575

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

~~RIVERA, RAUL F.~~
~~8950 SW 68TH CT, APT 110~~
~~MIAMI FL 33156~~

Name TIMOTHY RYAN
Street Address (P.O. Box Number is Not Acceptable)
5818 SW 68 STREET
City South Miami FL 33143

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME RIVERA, RAUL F.
STREET ADDRESS 8950 SW 68TH COURT APT. 110
CITY-ST-ZIP MIAMI FL 33156

TITLE P ☐ Change ☒ Addition
NAME TIMOTHY RYAN
STREET ADDRESS 5818 SW 68 STREET
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE VP ☐ Delete
NAME RYAN, PATRICK N.
STREET ADDRESS 5818 SW 68 STREET
CITY-ST-ZIP SOUTH MIAMI FL 33143

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 03 (305) 662-6410
Date Daytime Phone #

CR2E034 (10/02)