

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005844

1. Entity Name

C.A.N. AUTO CONSULTANTS CORP.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90147 041 ***150.00

Principal Place of Business

Mailing Address

BROWARD COUNTY
697 S.W. 168 TERRACE
PEMBROKE PINES FL 33027

697 S.W. 168 TERRACE
PEMBROKE PINES FL 33027

765110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3210 S. St RD 7
Suite, Apt. #, etc.

3210 S. St RD 7
Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

4. FEI Number

65-0806028

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

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

GUILEN, GERTRUDIS S
1580 NW 93 AVE
PEMBROKE PINES FL 33024

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 P ☐ Delete
NAME GUILEN, GERTUDIS
STREET ADDRESS 697 S.W. 168 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

TITLE VP ☐ Delete
NAME CASTRO, JESUS
STREET ADDRESS 697 S.W. 168 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Gertrudis Guillen President. 4/30/01

954 903 1950

CR2E034 (10/00)