2000 UNIFORM BUSINESS REPORT (UBR) May 19, 2000 8:00 am Secretary of State DOCUMENT # P98000011418 CUBAN/AMERICAN AUTO SALES, CORP. 05-19-2000 90076 040 ***150.00 Mailing Address Principal Place of Business 9695 NW 79 AVE LOT 32 9695 NW 79 AVE LOT 32 LOT 25 LOT 25 HIALEAH GARDENS FL 33016-2529 HIALEAH GARDENS FL 33016 2. Principal Place of Buşiness 3. Mailing Address 880 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc IAM Applied For City & State 4. FEI Number 65-0810036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALBAREZ, JOSE L Street Address (P.O. Box Number is Not Acceptable) 18772 NW 79 PLACE **MIAMI FL 33015** Zin Code FL 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) "FILE NOW!!! FEE.IS \$150.00 🚐 🚙 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE ALVAREZ, JOSE L NAME NAME STREET ADDRESS STREET ADORESS 546 EAST 39 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete ☐ Change ☐ Addition TITLE TITLE ٧D NAME NAME ALVAREZ, OLGA L STREET ADDRESS STREET ADDRESS 546 EAST 39 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 Change ☐ Addition TITLE ☐ Delete TITLE FERNANDEZ, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 4370 NW 11 ST., APT. 205 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. Libereby 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 a proposed of the corporation of the corporation of the corporation of the corporation of 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 the corporation of the corpo

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

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TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04-30-00

(3<u>05)324-43</u>0

Daytime Phone #

☐ Change

■ Addition