

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90568 006 \*\*\*150.00

DOCUMENT # P98000011418

1. Entity Name

CUBAN/AMERICAN AUTO SALES, CORP.

Principal Place of Business

1880 NW 21 ST.  
MIAMI FL 33142

Mailing Address

PO BOX 22471  
HIALEAH FL 33012

2. Principal Place of Business

2244 W 3RD AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ATLANTA FL

City & State

ATLANTA FL

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-0810036

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

ALBAREZ, JOSE L  
18772 NW 79 PLACE  
MIAMI FL 33015

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.)

02/08/01

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 PD  
NAME ALVAREZ, JOSE L  
STREET ADDRESS 546 EAST 39 STREET  
CITY-ST-ZIP HIALEAH FL 33013 ☒ Delete

TITLE PD  
NAME Patricia Piqueras  
STREET ADDRESS 647 SE 8TH PLACE  
CITY-ST-ZIP HIALEAH FL 33010 ☐ Change ☒ Addition

TITLE VD  
NAME ALVAREZ, OLGA L  
STREET ADDRESS 546 EAST 39 STREET  
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

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

TITLE SD  
NAME FERNANDEZ, JOSE  
STREET ADDRESS 4370 NW 11 ST., APT. 205  
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

TITLE SD  
NAME ALVAREZ, JOSE  
STREET ADDRESS 385 W 64 STREET  
CITY-ST-ZIP HIALEAH, FL 33012 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Patricia Piqueras  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/08/01 (305) 968-9242

Date

Daytime Phone #

CR2E034 (10/00)