

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0132497 AV

DOCUMENT # P98000011418

1. Entity Name

CUBAN/AMERICAN AUTO SALES, CORP.

04-09-2002 90726 028 ***150.00

Principal Place of Business

**2244 WEST 3RD AVENUE
HIALEAH FL 33010**

Mailing Address

**2244 WEST 3RD AVENUE
HIALEAH FL 33010**

760673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0810036**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

Olga Lidia Alvarez

Street Address (P.O. Box Number is Not Acceptable)

385 W 64th St

Hialeah

City

FL

Zip Code

33012

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

Olga Alvarez

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, 2002 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** ☐ Delete
NAME **REGUERAS, PATRICIA**
STREET ADDRESS **647 SE 8TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☒ Change ☒ Addition
NAME **RAFAEL Gonzalez**
STREET ADDRESS **8722 NW 106 terr**
CITY-ST-ZIP **Hialeah Gardens 33016**

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

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

TITLE **SD** ☒ Delete
NAME **FERNANDEZ, JOSE**
STREET ADDRESS **385 W 64TH STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 or without other like empowered.

SIGNATURE:

Olga Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-02 (305) 805-9288

CR2E034 (9/01)