

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015555

1. Entity Name
TRUEBA AUTO SALES, CORP.

FILED

00 DEC -8 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
511 NW 79TH STREET
MIAMI FL 33150

Mailing Address
~~511 NW 79TH STREET~~
~~MIAMI FL 33150~~

2. Principal Place of Business

3. Mailing Address
PO Box 245308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pembroke Pines, FL

Zip

Country

Zip

Country

33024-0105

USA

4. FEI Number 65-0813446

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

TRUEBA, HOMERO F
452 N.W. 79 STREET
MIAMI FL 33150

Name
ROBERT JOHN BLAKELY

Street Address (P.O. Box Number is Not Acceptable)
1120 NW 79 WAY

City
Pembroke Pines, FL 33024-5135

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
Trueba, Homero F. Pres.

(NOTE: Signature of agent signing on behalf of the entity)
ROBERT JOHN BLAKELY, DVPT

DATE
12/1/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
DPS
TRUEBA, HOMERO F
STREET ADDRESS
452 N.W. 79 STREET
CITY-ST-ZIP
MIAMI FL 33150 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DIRECTOR, VP TREASUR
ROBERT JOHN BLAKELY
STREET ADDRESS
1120 NW 79 WAY
CITY-ST-ZIP
PEMBROKE PINES, FL 33024-5135 ☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

HOMERO F. TRUEBA

ROBERT JOHN BLAKELY

305-751-9090

CR2E034 (5/00)