

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91037 041 ***158.75

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DOCUMENT # P98000025025

1. Entity Name
M AND C AUTOS, INC.



Principal Place of Business
600 SW 17TH AVENUE
MIAMI FL 33135

Mailing Address
600 SW 17TH AVENUE
MIAMI FL 33135

2. Principal Place of Business
1724 SW. 6TH ST.

3. Mailing Address
1724 SW. 6TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI - FL

City & State
MIAMI - FL

4. FEI Number 65-0818305

Applied For
Not Applicable

Zip 33135

Country DADE

Zip 33135

Country DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTINEZ, ROQUE
15250 N.W. 7 STREET
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MARTINEZ, JOSE
STREET ADDRESS 15250 N.W. 7 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE SBC.
NAME REYNALDO MARTINEZ
STREET ADDRESS 15250 NW. 7 STREET
CITY-ST-ZIP PEMBROKE PINES - FL - 33028

TITLE PSD
NAME MARTINEZ, ROQUE
STREET ADDRESS 15250 N.W. 7TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MARTINEZ-CACARES, AUGUSTO M
STREET ADDRESS 15250 NW 7H STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

ROQUE MARTINEZ

04-04-03

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)