2002 Uniform Business Report (UBR)

Apr 15, 2002 8:00 am Secretary of State P98000031790 DOCUMENT # 1. Entity Name 04-15-2002 90033 038 ***150.00 CARS & TRUCKS U.S.A., INC. Mailing Address Principal Place of Business 2680 NORTH DIXIE HIGHWAY 2680 NORTH DIXIE HIGHWAY POMPANO FL 33064 POMPANO FL 33064 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0828505 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDRA LORENA RIVERA DUBROW_DUCKER & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 2832 UNIVERSITY DRIVE 2680 N. DIXIE HWY. CORAL SPRINGS FL 33065 POMPABO BEACH 33064 upmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change TITLE Delete TITLE VICE-PRESIDENT RIVERA, ALFREDO NAME RIVERA, SANDRA LORENA 2680 NORTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS 2680 N. DIXIE HWY. CITY-ST-ZIP POMPANO FL 33064 CITY-ST-ZIP POMPANO BEACH, FL 33064 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receive 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

SIGNATURE:

changed, or on an attachme

with all other like empowered

4-4-02