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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State **DOCUMENT #** P98000033282 1. Entity Name 04-23-2002 90389 017 ***150.00 COMODORO AUTO SALES, CORP. Principal Place of Business Mailing Address 7780 W. 2ND COURT 7780 W. 2ND COURT HIALEAH FL 33014 HIALEAH FL 33014 5 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0856470 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name _____ MARTINEZ, ERNESTO Street Address (P.O. Box Number is Not Acceptable) 7780 W. 2ND COURT HIALEAH FL 33014 City - --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. Ú SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. 15 (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME MARTINEZ, FIDEL NAME STREET ADDRESS 7780 W. 2ND COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP TITLE **DVPS** ☐ Delete ☐ Change ☐ Addition NAME MARTINEZ, ERNESTO NAME STREET ADDRESS 7780 W. 2ND COURT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation or the receiver or trustee empowered to the corporation of the corpor

SIGNATURE:

changed, or on an attachment with an address, with all

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