

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91339 006 ***150.00

DOCUMENT # P 980000 40325

1. Entity Name

IDEAL SOLUTION AUTO SALES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7537 NW 7 AVE

Suite, Apt. #, etc.

3. Mailing Address

1425 NW 192 Terr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEL Number

65-0828418

Applied For

Not Applicable

Zip

Country

33150

None

Zip

Country

33169

None

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Guilfort Sieuvil

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

1425 NW 192 Terr

City

Miami

FL

Zip Code

33169

DO NOT WRITE IN THIS SPACE

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

Signature of agent or partner, officer or director of agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

04/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25

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 STREET ADDRESS CITY - ST - ZIP	President Guilfort Sieuvil 1425 NW 192 Terr Miami, FL 33169
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, was authorized and empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guilfort Sieuvil President 04/29/02 (305) 7548886

Date

Daytime Phone #

CR2E034B (12/91)