2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000042517 **DOCUMENT #**

1. Entity Name

STREET ADDRESS

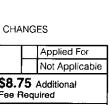
CITY-ST-ZIP

RENY'S AUTO SALES CORP

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Principal Place of Business 22825 \$ DIXIE HWY MIAMI FL 33170 US		Mailing Address % PEREZ. BEHAR & ASSOC. 13935 NW 1ST AVENUE MIAMI FL 33168 US							
2. Principal Place of Business		3. Mailing Address			7				
Suite, Apt. #, etc. Suite, Apt. #,			, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0872576				Applied For Not Applicable
Zip	Country	Zip	Country	y سوء يا ت-	5. C	ertificate of Status Desired	. 📮 🛴	\$8.75 /	Additional
	6. Name and Address of Current I	Registered Agent	<u> </u>		7. N	ame and Address of New R			
				Name				_ 	
NODARSE, MERCY				Street Address (P.O. Box Number is Not Acceptable)					
19501 SW 129TH CT				Sileet Address	(F.O. BO	x Number is Not Acceptable	,		
MIAMI FL 33177							·		
				City			FL	Zip C	ode
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered	office or registe	red age	nt, or both, in the State of Flo	rida. I am	familiar wit	th, and accept
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered A	Agent signature require	d when rein	istating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						Election Campaign Final Trust Fund Contribution		\$5	.00 May Be
	k Payable to Florida Department of						·· -	_ ,,,,,	
10.	OFFICERS AND D		11.	~·	ADD	DITIONS/CHANGES TO OFFI	CERS ANI	O DIRECTO	RS IN 11
TITLE NAME	VALDEZ, FRANK	☐ Delete	TITLE					Change	e 🔲 Addition
STREET ADDRESS	Liamas alias car asima		NAME STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33177		CITY-S					•	
TITLE	VPD	Delete	TITLE					☐ Change	e
NAME	NODARSE, MERCY		NAME						
STREET ADDRESS	1			ADDRESS					
CITY-ST-ZIP	MIAMI FL 33177		CITY-S1	T-ZIP				<u> </u>	
TITLE	D NODADCE ELEMA	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	NODARSE, ELENA 20200 SW 117TH CT.		NAME	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33177		CITY-S1			•			
TITLE	/	☐ Delete	TITLE					Change	e 🔲 Addition
NAME"		L Doing	NAME					Onlinge	Addition
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	Γ- ZiP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	1-ZIP					
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
			r vr ti Ti ka						

FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90282 048 ***150.00



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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

Daytime Phone #