

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056212

1. Entity Name

DOWNTOWN CAR SALES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 017 ***150.00

Principal Place of Business	Mailing Address
2390 NW 2ND AVENUE MIAMI FL 33127 US	2390 NW 2ND AVENUE MIAMI FL 33127-4302 US

2. Principal Place of Business	3. Mailing Address
1870 NW 21 ST TERR.	1870 NW 21 ST TERR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
MIAMI FL	MIAMI FL
Zip	Zip
33142	33142
Country	Country
USA	USA

4. FEI Number	65-0848634	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GUEVARA, RICARDO 2701 NW 1ST AVENUE #5 MIAMI FL 33127

7. Name and Address of New Registered Agent
Name
ADELA ROSARIO
Street Address (P.O. Box Number is Not Acceptable)
1870 NW 21 ST TERR.
City
MIAMI FL
Zip Code
33142

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	<i>Adela Rosario</i>	A. ROSARIO, PRES.	FEB 09 2000
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	TITLE	PSTD
NAME	GUEVARA, RICARDO	NAME	ROSARIO, ADELA
STREET ADDRESS	2701 NW 1ST AVENUE, #5	STREET ADDRESS	1870 NW 21 ST TERR.
CITY-ST-ZIP	MIAMI FL 33127	CITY-ST-ZIP	MIAMI FL 33142
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	VP, D.O
NAME		NAME	CUERVO, CARLOS
STREET ADDRESS		STREET ADDRESS	1870 NW 21 ST TERR.
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33142
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Adela Rosario</i>	A. ROSARIO, PRES.	FEB 09 2000	305-545-9924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)