

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90854 032 \*\*\*150.00

**DOCUMENT # P98000069159**

1. Entity Name

**DANDI AUTO SALES, INC.**



Principal Place of Business

1752 HWY 17-92  
LONGWOOD FL 32750

Mailing Address

1752 HWY 17-92  
LONGWOOD FL 32750

2. Principal Place of Business

**DANDI AUTO SALES INC.**

3. Mailing Address

**3602 S ORANGE AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3602 S ORANGE AVE**

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

Country

**32806**

Zip

Country

**32806**

4. FEI Number

**59-3529649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CASTILLO, NICOLAS A.**  
**143 WEST CEDARWOOD CIRCLE**  
**KISSIMMEE FL 34743**

*CHANGE Address  
PLEASE*

7. Name and Address of New Registered Agent

Name **DANDI AUTO SALES INC.**

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

**3602 S ORANGE AVENUE**

City

**ORLANDO**

**FL**

Zip Code

**32806**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CASTILLO, NICOLAS A.**  
STREET ADDRESS **143 WEST CEDARWOOD CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **VP** ☐ Delete  
NAME **AYBAR, MATILDE**  
STREET ADDRESS **143 WEST CEDARWOOD CIR**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 in all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/03**

Date

Daytime Phone #

CR2E034 (10/02)