

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079377

1. Entity Name

NICE AUTO SALES, INC.

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90077 019 ***150.00

Principal Place of Business

Mailing Address

9808 N.W. 80TH AVENUE
BAY 10T
HIALEAH GARDENS FL 33016

9808 N.W. 80TH AVENUE
BAY 10T
HIALEAH GARDENS FL 33016

2. Principal Place of Business

3. Mailing Address

9809 N.W. 80 Ave.

9809 N.W. 80 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#96

#96

City & State

City & State

Hialeah Gds. FL.

Hialeah Gds FL

Zip

Country

Zip

Country

33016

U.S.

33016

U.S.

6. Name and Address of Current Registered Agent

4. FEI Number

65-0862026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~CRUZ, ALFREDO E
5041 EAST 1ST AVENUE
HIALEAH FL 33013~~

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, 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RODRIGUEZ, JULIO C
133 W. 17TH STREET
HIALEAH FL 33010 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CRUZ, ALFREDO E
5041 EAST 1 AVENUE
HIALEAH FL 33013 ☒ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio C. Rodriguez

Date

1-11-01

Daytime Phone #

305-863-7419

CR2E034 (10/00)