

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/0

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-13-2001 90007 030 ***150.00

DOCUMENT # P98000098301

1. Entity Name

U S A # 1 AUTO CORP.

Principal Place of Business

534 WEST 65 STREET
HIALEAH FL 33012

Mailing Address

534 WEST 65 STREET
HIALEAH FL 33012

2. Principal Place of Business

534 WEST - 65 ST

Suite, Apt. #, etc.

3. Mailing Address

534 WEST 65 ST HIALEAH

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

MIA

Zip

33012

Country

MIA

4. FEI Number 65-0877149

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CARLOS M
534 WEST 65 STREET
HIALEAH FL 33012

Director
PRESIDENT

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	PD	☒ Delete
NAME	RODRIGUEZ, CARLOS M	= President.
STREET ADDRESS	534 WEST 65 STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
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		

12. 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		

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:

CARLOS M. Rodriguez
PRESIDENT.

1-8-01

Date

305-826-14-15

305-467-05-06

Daytime Phone #

CR2E034 (10/00)