2000 UNIFORM BUSINESS REPORT (UBR) Amended # 61.25							
DOCUMENT # P990005555							
David A Guard Too					FILED		
DEALS AUTO SALES, Inc. Principal Place of Business Mailing Address					00 JUN 27 AM II: 03		
2250 W. Fairbanks AVE.							
WINTER PARK - FL 32789					SECRETARY OF STATE TALLAHASSEE FLORIDA		
U. S. A. 2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #,			etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applicable		
Zip Country		Zip Country			5. Certificate of Status Desired		
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
Spiegel & UTRERA, P.A. Street Address							
, Silest				ddress (P.O. Box Number is Not Acceptable)			
343 ALMERIA AVENUE				******61.25 ******61.25 ■ Zip Code			
CORAL GABLES - FL 33134				FL			
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, 2000 Fee will be \$550.00 Make Check Payable to Department of S					10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND	新疆民间的建筑地位的社会的建筑区域。	12.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	PRESIDENT ODEH, SAID	Delete .	TITLE NAME		SIDENT, TREASURY ME VERGARA	Change	Addition
STREET ADDRESS	2250 W. FAIRBANKS AVE		STREET ADDRESS CITY-ST-ZIP	2250	D W. FAIRBANKS DVE .		
CITY-ST-ZIP TITLE	WINTER PARK - FL 3	2789 Marie Delete	TITLE	50	TER - PARK . FL 32789	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SABA, JOSE E 2250 West FAIRBANKS ON WINTER PARK - FC 32	_	NAME STREET ADDRESS CITY-ST-ZIP	225	EH B. ODEH O W. FAIRBONKS DVE PORK - FL 32789	_	
TITLE		☐ Delete	TITLE		,	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			_	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition)
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME			☐ Change	Addition A
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				KE_
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: SAID ODEH JAIME VERGARA 6/22/00 407-448.0055 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Description of the control of							

R OR DIRECTOR

CR2E034 (9/99)