## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P9900006598 DOCUMENT # 1. Entity Name 05-23-2002 90023 006 \*\*\*150.00 BEST CAR BUY, CORP. Mailing Address Principal Place of Business 6906 N.W. 51 ST STREET 6906 N.W. 51ST STREET MIAMI FL 33166 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. - Suite, Apt. #, etc. - ---Applied For 4. FFI Number City & State 65-0889218 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u> Gladys Amaro</u> Street Address (P.O. Box Number is Not Acceptable) 6906 N.W. 51st Street MARTINEZ, ANTONIO JR 12811 SW 43RD DRIVE #120A Zip Code 33166 City FL **MIAMI FL 33175** Miami 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. (NOTE: Registered Agent signature required when reinstating) 10 - Election Campaign Financing \$5:00 - May Be Trust Fund Contribution. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Tax filling requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS (9/01) 11. X Addition Change Delete Gladys Amaro MARTINEZ, ANTONIO JR. CR2E034 6906 N.W. 51st Street STREET ADDRESS 12811 SW 43RD DR. #120A STREET ADDRESS Miami, Florida 33166 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME amaro, alfredo NAME STREET ADDRESS 2238 S.W. 59TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET\_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE

13. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

305-546-3218