

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90060 031 ***150.00

DOCUMENT # P99000006968

1. Entity Name
RECE AUTO BROKERS, INC.



Principal Place of Business
**4602 SW 74 AVE
MIAMI FL 33155**

Mailing Address
**4602 SW 74 AVE
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

4712 SW 74th Ave

4712 SW 74th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami

City & State

Miami

4. FEI Number

65-0903778

Applied For

☐ Not Applicable

Zip

33155

Country

Miami Dade

Zip

33155

Country

Miami Dade

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CELEIRO, RENE J
13341 SW 23 ST
MIAMI FL 33175**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CELEIRO, RENE J
3620 S.W. 130TH AVENUE
MIAMI FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Celeiro, Rene J.
13341 SW 23 ST.
Miami, FL 33175** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CELEIRO, SYLVIA Y
3620 S.W. 130TH AVENUE
MIAMI FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Celeiro, Sylvia Y
13341 SW 23 ST.
Miami, FL 33175** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

René Celeiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-03 (305)

Date

Daytime Phone #

CR2E034 (10/02)