

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90080-014-\$150.00-\$150.00

DOCUMENT # P99000008600

1. Entity Name

DELUXE MOTORS, INC.

FILED

00 MAR 22 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3361 N.W. 107 ST.  
MIAMI FL 33127

Mailing Address

3361 N.W. 107 ST.  
MIAMI FL 33167-3714

2. Principal Place of Business

3361 N.W. 107 ST.

Suite, Apt. #, etc.

STE. A

City & State

MIAMI, FL.

Zip

33167

Country

USA

3. Mailing Address

3361 N.W. 107 ST.

Suite, Apt. #, etc.

STE. A

City & State

MIAMI, FL.

Zip

33167

Country

USA

4. FEI Number

65-0891042

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUEVARA, RIGOBERTO  
400 NW 54TH ST.  
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name GUEVARA, RIGOBERTO

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

15118 S.W. 129 PL.

City

MIAMI

FL

Zip Code

33186

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.

RIGOBERTO GUEVARA

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/00

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 State**

10. Election Campaign Financing Trust Fund Contribution: ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUEVARA, RIGOBERTO	
STREET ADDRESS	400 NW 54TH ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUEZADA, ANTONIO	
STREET ADDRESS	400 NW 54TH ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEVARA, RIGOBERTO	
STREET ADDRESS	15118 S.W. 129 PL.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUEZADA, ANTONIO	
STREET ADDRESS	1501 S.W. 124 PL.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

RIGOBERTO GUEVARA

2/20/00

586-8415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)