## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: LUL

## Mar 06, 2002 8:00 am § P99000008600 Secretary of State DOCUMENT # 1. Entity Name 03-06-2002 90066 042 \*\*\*150.00 DELUXE MOTORS, INC. Principal Place of Business Mailing Address 3361 N.W. 107 ST. 3361 N.W. 107 ST. STE, A STE. A MIAM! FL 33167 MIAMI FL 33167 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 65-0891042 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUEVARA, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 15421 SW 133RD PLACE **UNIT 911** MIAMI FL 33177 Zip Code City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing . -\$5.00 May Be-After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so: Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ■ Addition **GUEVARA, RIGOBERTO** NAME NAME 15421 S.W. 133 PL. UNIT 911 STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS =CITY-ST-ZIP== CITY-ST-ZIP\_\_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST, ZIP, CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE: ☐ Addition NAME - : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7IP 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 van address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAM