

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0050173 AV

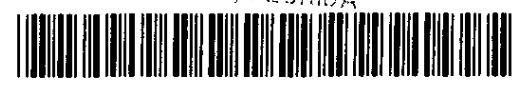
**DOCUMENT #** P99000018868

**1. Entity Name**  
PREMIER-AUTO-BROKERS, CORP.



FILED  
03 NOV -5 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
713 NW 101 ST  
MIAMI FL 33150  
US

**Mailing Address**  
713 NW 101 ST  
MIAMI FL 33150  
US

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
~~FORTES, LAZARO  
713 NW 101 ST  
MIAMI FL 33150~~

**7. Name and Address of New Registered Agent**  
Name: Nicolas Mendez Ortega  
Street Address (P.O. Box Number is Not Acceptable): 7600 NW 27 Ave Lot #147  
City: miami FL Zip Code: 33147

**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: *Nicolas Mendez* DATE: 11/05/03

400024430224  
11/05/03--01013--024 \*\*750.00

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTES, LAZARO		NAME	FORTES, LAZARO	
STREET ADDRESS	713 NW 101 ST		STREET ADDRESS	713 NW 101 ST	
CITY-ST-ZIP	MIAMI FL 33150		CITY-ST-ZIP	miami FL 33150	
TITLE		<input type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CARLOS M MOLINA	
STREET ADDRESS			STREET ADDRESS	905 SW 18 Ave #2	
CITY-ST-ZIP			CITY-ST-ZIP	miami FL 33135	
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	NICOLAS MENDEZ ORTEGA	
STREET ADDRESS			STREET ADDRESS	7600 NW 27 Ave Lot #147	
CITY-ST-ZIP			CITY-ST-ZIP	miami FL 33147	
TITLE		<input type="checkbox"/> Delete	TITLE	Alexander Mendez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Alexander Mendez	
STREET ADDRESS			STREET ADDRESS	7600 NW 27 Ave Lot #147	
CITY-ST-ZIP			CITY-ST-ZIP	miami FL 33147	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**REINSTATEMENT 03**

**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:** *Nicolas Mendez* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)