

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

03-17-2003 90596 002 ***150.00
03-17-2003 90596 001 *****8.75

DOCUMENT # P99000018946

1. Entity Name
EL CHEVERE AUTO SALES, INC.



Principal Place of Business
6201 SW PEMBROKE RD.
HOLLYWOOD FL 33023

Mailing Address
2605 MCKINLEY STREET
HOLLYWOOD FL 33020

2. Principal Place of Business
4701 SW 45 ST
Suite, Apt. #, etc.

3. Mailing Address
2605 MCKINLEY ST
Suite, Apt. #, etc.

City & State
DAVIE FL
Zip 33314 Country BROWAR

City & State
Hollywood FL
Zip 33020 Country BROWAR

4. FEI Number APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TORRES, JAMIE L
3997A W. HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent
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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TORRES, JAMIE L 2605 MCKINLEY ST HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-03
Date Daytime Phone #

CR2E034 (10/02)

Attachment 88031717
#P99000018946

FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

New Address 4701 SW45 ST.
City DAVIE 33314
State FLORIDA Zip 33314
Telephone Number (954) 815 8427

Do not write beyond this line

Employer Identification Number (EIN)

OMB No. 1545-0257

65-0921993 090912



ELCHEVERE AUTO SALES INC
2605 MCKINLEY ST
HOLLYWOOD FL 33020-2932

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INTERNAL REVENUE SERVICE CENTER
ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.