

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 91516 008 ***150.00

DOCUMENT # P99000019234	
1. Entity Name MARINES AUTO SALES, CORP.	

10089993

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 305 WEST 22 STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 22457 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HIALEAH, FL	City & State HIALEAH, FL	4. FEI Number 65-0898584	Applied For <input type="checkbox"/> Not Applicable
Zip 33010	Country USA	Zip 33002	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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2244 W 3AVE #B
Hialeah, FL 33010

7. Name and Address of Current Registered Agent

Name
OLGA LIDIA ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
305 WEST 22 STREET

City
HIALEAH

FL **Zip Code**
33010

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 **OLGA LIDIA ALVAREZ** **03/18/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE PD	NAME JOSE ALVAREZ	TITLE	
STREET ADDRESS 305 WEST 22 STREET		STREET ADDRESS	
CITY - ST - ZIP HIALEAH, FL 33010		CITY - ST - ZIP	
TITLE VD	NAME ORLANDO ORTEGA	TITLE	
STREET ADDRESS 305 WEST 22 STREET		STREET ADDRESS	
CITY - ST - ZIP HIALEAH, FL 33010		CITY - ST - ZIP	
TITLE SD	NAME OLGA LIDIA ALVAREZ	TITLE	
STREET ADDRESS 305 WEST 22 STREET		STREET ADDRESS	
CITY - ST - ZIP HIALEAH, FL 33010		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE ALVAREZ **03/18/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)