

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90009 025 ***550.00

DOCUMENT # P99000024927

1. Entity Name

KIKO'S AUTO SALES, INC.

Principal Place of Business

**710 N.W. 32ND COURT
 MIAMI FL 33125**

Mailing Address

**710 N.W. 32ND COURT
 MIAMI FL 33125**

2. Principal Place of Business

7319 NW 61ST ST

3. Mailing Address

PO BOX 522023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0903074

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33152

Country

USA

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

6. Name and Address of Current Registered Agent

**ARGUELLES, ALBERTO
 2555 COLLINS AVENUE
 #1008
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name
ARGUELLES, ALBERTO
 Street Address (P.O. Box Number is Not Acceptable)
401 OCEAN DRIVE # 410
 City **MIAMI BEACH** FL Zip Code **33139**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **D ARGUELLES, ALBERTO**
 STREET ADDRESS **2555 COLLINS AVE. #1088**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME **D MIRANDA, ANGEL**
 STREET ADDRESS **29810 SW 153RD COURT**
 CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D ARGUELLES, ALBERTO**
 STREET ADDRESS **401 OCEAN DRIVE # 410**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 for all other like empowered.

SIGNATURE: *

SIGNATURE REQUIRED

ALBERTO ARGUELLES 9/10/01 (305) 887-9453.

Date

Daytime Phone #

CR2E034 (5/01)