## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000046077 Mar 17, 2000 8:00 am **Secretary of State** JINCHENG MOTORS USA, INC. 03-17-2000 90009 035 \*\*\*150.00 Principal Place of Business Mailing Address 15279 NW 7 STREET 15279 NW 7 STREET PEMBROKE PINES FL 33028-1838 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address 12 STYCES 7372 NW. 7372 NW . Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 65-0924923 Applied For City & State City & State FLORE'D1 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USI Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TUAN CAMILO MACINTER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 15279 NW 7 STREET PEMBROKE PINES FL 33028 NW. 12 STYEET 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Addition TITLE ☐ Delete VILLEGAS, JUAN CAMILO NAME VILLEGAS, JUAN CAMILO NAME STREET ADDRESS STREET ADDRESS 15279 NW 7 STREET CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition UTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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, with all other like empowered.