

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90129 016 \*\*\*150.00

0144182

**DOCUMENT # P99000046077**

1. Entity Name

**JINCHENG MOTORS USA, INC.**

Principal Place of Business

**7372 NW 12 ST  
 MIAMI FL 33126**

Mailing Address

**7372 NW 12 ST  
 MIAMI FL 33126**

2. Principal Place of Business

**7100 NW 50TH ST  
 Suite, Apt. #, etc.**

3. Mailing Address

**SAME  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-0924923**

Applied For

Not Applicable

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VILLEGAS, JUAN CAMILO  
 7372 NW 12 ST  
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **JUAN CAMILO VILLEGAS**

Street Address (P.O. Box Number is Not Acceptable)

**10918 NW 69 Terrace**

City **MIAMI**

**FL**

Zip Code **33178**

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

*Juan Camilo Villegas*

*Juan Camilo Villegas*

**04/25/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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 \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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 **PD** ☐ Delete  
 NAME **VILLEGAS, JUAN CAMILO**  
 STREET ADDRESS **7372 NW 12 ST**  
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **JUAN CAMILO VILLEGAS**  
 STREET ADDRESS **10918 NW 69 Terrace**  
 CITY-ST-ZIP **MIAMI, FL 33178**

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

TITLE ☐ Change ☐ Addition  
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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, with all other like empowered.

SIGNATURE: *Juan Camilo Villegas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/25/01**

Date

**305-718-6699**

Daytime Phone #

CR2E034 (10/00)