

#2002 Uniform Business
Report
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90032 009 ***150.00

DOCUMENT # P99000075786
1. Entity Name
JOE'S AUTO WORLD, INC.

420282

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9092 NW S. River Dr.
Suite, Apt., #, etc.
#47
City & State
Medley
Zip
33160
Country
Dade

3. Mailing Address
Same
Suite, Apt., #, etc.
City & State
Zip
Country

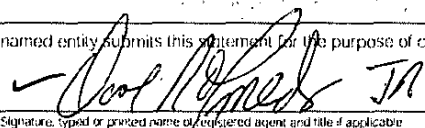
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0943013
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Jose R. Olmedo JR.
Street Address (P.O. Box Number is Not Acceptable)
3922 NE 166th St. #207
City
Miami Beach FL Zip Code
33166

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  2/26/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

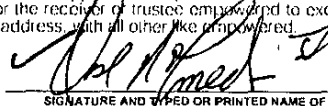
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jose R. Olmedo JR. 3922 N.E. 166th St. #207 N. Miami Beach, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  2/26/02 305/882-1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034B (12/01)