2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

9690 NW S. RIVER DRIVE

P99000076972 **DOCUMENT #**

1. Entity Name

Principal Place of Business

9690 NW S. RIVER DRIVE

SOUTH RIVER USED AUTO SALES, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90407 001 ***450.00

VUUUIX/11

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 & \$9.5 & \$	MEDLEY FL 33166		MEDLEY FL 33166				1			041
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Zip Country Zip Country S. Certificate of Status Dealined S. 8.75 Add 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LÓPEZ, ALBERTO 9696 NW S. RIVER DRIVE MEDLEY FL 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. I am familiar with, at the obligations of registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE DP OFFICERS AND DIRECTORS TILE NAME SIREET ADDRESS CITY-ST-2P HALEAH FL 33013 TILE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P CITY-S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
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B. 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, at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent are equated when reinstating) DATE	1			Street Address		(P.O. Box Number is Not Acceptable)				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110 07(2)(2). The idea of the control of the contr		ertify that the information as malie it is a	state dition of the state							·

12 indicated on this report or 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 Block 11 if changed, or on an attachment with at address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR