## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000081104 May 16, 2000 8:00 am Secretary of State RABA AUTO SALES, INC. 04-14-2000 90083 037 \*\*\*150.00 Principal Place of Business Mailing Address 5916 ROOMAN ST. 5566 RODMAN ST \_\_rivi@@ FL 33023 HOLLYWOOD FL 33023-1942 7. 1 3 1 4 W. 2. Principal Place of Business 3. Mailing Address 3. 3. 3. C DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Ζlp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRAVO, ADA F Street Address (P.O. Box Number is Not Acceptable) g ar gg 3600 S. STATE RD. 7, SUITE 229 و فانود در و د MIRAMAR FL 33023 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 . 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition CR2E034 (9/99) PTD Delete TITI F TITLE NAME NAME RABASSA, MANUEL STREET ADDRESS STREET ADDRESS 5916 RODMAN ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 Addition ☐ Change **VSD** 🗖 Delete TITLE TITLE 9331 3M ESTEVEZ, FRANCISCO NAME NAME 163 PL 5924 SW 194TH ST. STREET ADDRESS STREET ADDRESS 33196 Hinmi CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 Addition HONTES ☐ Delate TITLE Jos & TITLE 50 KAPO TERR. NAME NAME 6 to no 163 PC MINAMAR, Fl. 33025 STREET ADDRESS STREET ADDRESS CITY\_ST\_ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trues of the receiver of the receiver of trues of the receiv

SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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