

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088020

1. Entity Name

G.C. AUTOMOTIVE GROUP, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90658 026 ***150.00

Principal Place of Business

Mailing Address

A0038275

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2645 DOUGLAS RD

Suite, Apt. #, etc.

37th Floor

City & State

MIAMI FL.

Zip

33133

Country

MIAMI-DADE

3. Mailing Address

2645 DOUGLAS RD

Suite, Apt. #, etc.

6th Floor

City & State

MIAMI FL.

Zip

33133

Country

MIAMI-DADE

4. FEI Number

65-0951363

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUÑEZ, MIGUEL A. JR

2645 DOUGLAS RD-6TH FL

MIAMI FL. 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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) ☐

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 D ☐ Delete
NAME NUÑEZ MIGUEL A. JR
STREET ADDRESS 2645 DOUGLAS RD-6TH FL
CITY-ST-ZIP MIAMI FL. 33133

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-2001