## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P99000091894 1. Entity Name BEST CARS AUTO SALES, INC. 04-05-2001 90071 019 \*\*\*150.00 Principal Place of Business Mailing Address 3624 NW 36TH ST 6845 NW 109TH ST. MIAMI FL 33142 HIALEAH GARDENS FL 33016 Mailing Address (624 N.W. 36 St. 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Qity & State 4. FEI Number Applied For 65-0955554 Not Applicable Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, MANUEL D Street Address (P.O. Box Number 8845 NW 109TH ST. HIALEAH GARDENS FL 33016 8. The above named early 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) FILE NOW!!! FEE IS \$150.00 orporation 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE PEREZ MERCEDES 3624 N.W. 36 St. PEREZ, MERCEDES NAME NAME STREET ADDRESS 8845 NW 109TH ST. STREET ADDRESS FI. 33142 CITY-ST-7IP MIAMI. CITY-ST-ZIP HIALEAH GARDENS FL 33016 Change Change TITLE ☐ Delete TITLE ☐ Addition MILIAN, JOSE M NAME NAME STREET ADDRESS 8845 NW 109TH ST. STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FL 33016 CITY-ST-ZIP Change TITLE" ~~ ☐ Delete TITLE ☐ Addition PEREZ PRUDENCIO PEREZ, PRUDENCIO NAME NAME 3624 N.W. 36 ST. STREET ADDRESS 8845 NW 109TH ST. STREET ADDRESS 33142 CITY-ST-ZIP CITY-ST-ZiP HIALEAH GARDENS FL 33016 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR