

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 007 ***150.00

DOCUMENT # P99000095352
1. Entity Name
DOW CARS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3467 NE 168TH STREET
Suite, Apt. #, etc.

3. Mailing Address
3467 NE 186TH STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI BEACH, FL
Zip 33160 **Country** USA

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NORTH MIAMI BEACH, FL
Zip 33160 **Country** USA

4. FEI Number 65-0958291 **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 ROTH, LEONARDO
Street Address (P.O. Box Number is Not Acceptable) 3467 NE 168TH ST
City NORTH MIAMI BEACH **FL** **Zip Code** 33160

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  **DATE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

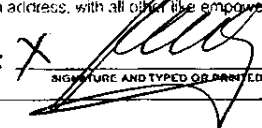
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT DOW, HECTOR J 3467 NORTHEAST 168TH STREET NORTH MIAMI BEACH, FL 33160	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04/23/04

Date

786-367-9442

Daytime Phone #