

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104968

1. Entity Name

CARMANIA AUTO SALE, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90090 035 ***150.00

Principal Place of Business

8700 S.W. 133 AV #119-8
MIAMI FL 33183

Mailing Address

8700 S.W. 133 AV #119-8
MIAMI FL 33183

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9550 NW 79th Ave.

3. Mailing Address

9550 NW 79th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Hialeah Gardens, FL

4. FEI Number

65-0964902

Applied For

Not Applicable

Zip

33016

Country

Miami Dade

Zip

33016

Country

Miami Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, MIGUEL
8700 S.W. 133 AV #119-8
MIAMI FL 33183

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	DP	<input type="checkbox"/> Delete
NAME	DE LA CRUZ, MIGUEL	
STREET ADDRESS	8700 S.W. 133 AV #119-8	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CARABALLO, JOSE M	
STREET ADDRESS	8700 S.W. 133 AV #119-8	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 of Miguel de la Cruz
— SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/01 (305) 512-9334
Date Daytime Phone #

CR2E034 (10/00)