## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P99000107720** Mar 29, 2000 8:00 am 1. Entity Name Secretary of State TAINOS AUTO SALES, INC. 03-29-2000 90076 015 \*\*\*150.00 Mailing Address Principal Place of Business 1664 VINTAGE ST. 1664 VINTAGE ST. KISSIMMEE FL 34746 KISSIMMEE FL 34746 COUZIAGA 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3613639 City & State City & State\_ Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, JOSE B Street Address (P.O. Box Number is Not Acceptable) 3185 VICTORIA DR. KISSIMMEE FL 34746 Zip Code City 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 DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State П (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE PD ☐ Delete TITLE DIAZ, JOSE B NAME STREET ADDRESS STREET ADDRESS 3185 VICTORIA DR. -CITY-ST-ZIP CITY-ST-ZIP **KISSIMMEE FL 34746** ☐ Addition Change TITLE ☐ Delete TITLE JIMENEZ, JOHANNIE NAME NAME STREET ADDRESS 3185 VICTORIA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KISSIMMEE FL 34746** ☐ Change Addition TITLE ☐ 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-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE 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 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.

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3/27/00