FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 11, 2002 8:00 am Secretary of State 06-11-2002 90399 001 ***558.75

DOCUMENT#	P99000107720
1. Entity Name	

TAINOS AUTO SALES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS STACE						B0125100					
Principal Place of Business 3. Mailing Address											
3185 VICTORIA DRIVE			3185 VICTO	RIA	DRIV	E					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number		Applied For		
KISSIMMEE, FL			KISSIMMEE, FL				59-3613639		Not Applicable		
Zip			Zip	1		5	5. Certificate of Status Desired XX \$8.75 Addition				
3474	34746 USA		34746	USA			Fee Required				
and the second of the second o						7. N	7. Name and Address of Current Registered Agent				
ı		NIOT 14/				Name GONZALEZ-PIAZZA, CYNTHIA					
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)						
	IAI	TUIC CD	ACE		386 WHITE MARSH CIRCLE						
IN THIS SPACE											
					City			FI	Zip Code		
					U.,	ORLAND	00	FL	32824		
8. The above	named entity su	ibmits this statement for	the purpose of changing its	registere	ed office o	registered a	gent, or both, in the State o	of Florida.	0202		
		1. (!								
SIGNATURE OYNThia TONZOL- Lazza							6/6/02				
SIGNATORE	Signature/typed or pr	Inted name of registeroa agent a	YH le if applicates. (NOTI	E: Registere	d Agent signat	ire required when	reinstating)	DATE			
9 This corne	aration is oliminte	to satisfy its Intangible	January 1 - M	lay 1 Fe	e is \$150	0.00					
Tay filing requirement and elects to do so After May 1, Fee			1, Fee i	s \$550.00							
(See criteria on back) Amended UBR Make Check Payable to D											
11.		OFFICERS AND D			paration	· OI OIGIO					
TITLE	PD	077102707002		TITLE							
NAME	DIAZ,	TOSE B		NAMI							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	1 2102 VICIORIA DK			CITY	S1-ZIP						
TITLE		MEE, FL 341	40	TITLE							
NAME.	VSD	DO DINCON	ANNIMIT A	NAM							
STREET ADDRESS		EZ-PIAZZA,			T ADDRESS						
CITY-ST-ZIP		I-TE MARSH C			ST-ZIP	er er	•	•	••		
UTLE	OKLAND	O, FL 32824	,	TITLE							
NAME				NAME			•				
STREET ADDRESS				STREE	T ADDRESS		DO NO	- 18/mir			
CITY - ST - ZIP				CITY -	ST-ZIP		DO NOT	IVVKII			
THE				TITLE			INI TLUC	CDAC			
NAME				NAME			IN THIS	SPAC			
STREET ADDRESS				STREE	TADDRESS						
CITY - ST - ZIP				CITY-	ST-ZIP				ļ		
TITLE				TITLE		***************************************					
NAME				NAME		•			·		
STREET ADDRESS				STREE	T ADDRESS						
CITY-ST-ZIP				ÇNY-	ST-ZIP						
TITLE				TITLE							
NAME.				NAME							
STREET, ADDRESS				STREE	T ADDRESS				.		
CITY ST-ZIP				CITY-	ST-ZIP						
. J											

13. Phereby 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.

PRESIDENT

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02

Date

Daytime Phone #