

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

DOCUMENT # P95000074368  
1. Entity Name  
6th Ave Auto Inc

FILED  
03 JAN 13 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
213 E SIX AVE  
Suite, Apt. #, etc.  
City & State  
TALL FL  
Zip  
32303 Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
TALL FL  
Zip  
32303 Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3335968 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  
Hossein Moughari  
Street Address (P.O. Box Number is Not Acceptable)  
213 E SIX AVE  
City  
TALL FL Zip Code  
32303

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 Hossein Moughari DATE 11-18-02  
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.   
**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Hossein Moughari 213 E SIX AVE TALL FL 32303</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600010665256 01/23/03--01004--022 **158.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Ricky Glenn Anglin 4122 Tralce RD TALL FL 32308</u>	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: Hossein Moughari DATE 11-18-02 850 222 7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)