

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 10, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F47698**

1. Entity Name  
**MARIANNA TOYOTA, INC.**

Principal Place of Business % QUEN RAHAL 2961 PENN AVE MARIANNA 32447 FL	Mailing Address POST OFFICE BOX 757 2961 PENN AVE MARIANNA 32447 US
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2. Principal Place of Business 2961 PENN AVE	3. Mailing Address POST OFFICE BOX 757
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MARIANNA FL	City & State MARIANNA FL
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Zip 32448	Country US	Zip 32447	Country US
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4. FEI Number <b>59-2130638</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

RAHAL, QUEN  
2961 PENN AVE  
  
MARIANNA FL  
32446

**7. Name and Address of New Registered Agent**

Name  
RAHAL QUEN

Street Address (P.O. Box Number is Not Acceptable)  
2961 PENN AVE

City  
MARIANNA FL Zip Code  
32448

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 QUEN RAHAL **04/10/2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	AS GRIFFIN DONNA <input type="checkbox"/> Delete 733 WADE AVE BLOUNTSTOWN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAHAL, ANN <input type="checkbox"/> Delete 700 W LAFAYETTE ST MARIANNA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARCIA, JORGE <input type="checkbox"/> Delete 208 S. PENN AVE. MARIANNA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAHAL, QUEN <input type="checkbox"/> Delete 700 W LAFAYETTE ST MARIANNA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRIFFIN DONNA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20103 NE WADE ST BLOUNTSTOWN FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JORGE GARCIA **DV** **04/10/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)