

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90037 003 ***150.00

DOCUMENT # P98000040360

1. Entity Name
CARS-R-US IMPORTS, INC.

Principal Place of Business

Mailing Address

2212 S. CHICKASAW TR.
 P.M.B. 221
 ORLANDO FL 32825

2212 S. CHICKASAW TR.
 P.M.B. 221
 ORLANDO FL 32825-9414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2870 Forsyth Rd

2212 S. Chickasaw TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1210

P.M.B. 221

City & State

City & State

Winter PR

ORLANDO FL

4. FEI Number

59-3515626

Applied For

Not Applicable

Zip

Country

Zip

Country

32792

U.S.A

32825

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	AGHAJAN, ABBAS			
	8620 CHICORY COURT			
	ORLANDO FL 32825			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: ABBAS-AGHAJAN **ABBAS-AGHAJAN** 2-27-2000 407382-2349
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)