

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90026 036 \*\*\*150.00

**DOCUMENT # H64912**

1. Entity Name

**SELA AUTO PAINT & ACCESSORIES, INC.**

Principal Place of Business

Mailing Address

1012 PROSPECT RD  
 OAKLAND PARK FL 33334  
 US

1012 PROSPECT RD.  
 OAKLAND PARK FL 33334-3828  
 US

2. Principal Place of Business

3. Mailing Address

*Sela Auto Paint & Access.*

*Sela Auto Paint & Access.*

1035 NE 43rd Place

1035 NE 43rd Place

Oakland Park Florida 33334

Oakland Park Florida 33334

4. FEI Number **59-2556794**

Applied For

Not Applied

Zip Country

Zip Country

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

**KUPFER, LAWRENCE M.**  
**1700 UNIVERSITY DR., #110**  
**CORAL SPGS. FL 33071**

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  Delete  
 NAME **PD LAKIND, ALAN**  
 STREET ADDRESS **11424 NW 1ST PL**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: *ALAN LAKIND*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 954-564-945  
 Date Daytime Phone #