

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

FILED

00 APR 25 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J61859

1. Entity Name

DAY & NITE TIRE AND AUTO REPAIR INC

Principal Place of Business

Mailing Address

3825 NW 49th St

TAMARAC, FL. 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2773984

Not Applicable

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

CARMELLO GONZALEZ

3825 NW 49th St

TAMARAC, FL. 33309

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

*Carmello Gonzalez*

(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 PRESIDENT  
NAME CARMELLO GONZALEZ  
STREET ADDRESS 3825 NW 49th St  
CITY-ST-ZIP TAMARAC, FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

900003241169--7

-05/05/00--01080--013

\*\*\*\*300.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

KE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00

954-484-6717

CR2E034 (9/99)

APRIL 14, 2000

TO WHOM IT MAY CONCERN ,

PLEASE BE ADVISED THAT I AM SENDING IN THE ANNUAL CORPORATE  
REPORT FOR DAY & NITE TIRE AND AUTO REPAIR INC. FOR 1999 & 2000.  
PLEASE NOTE THAT THERE WAS AN ADDRESS CHANGE FROM LAST YEAR  
~~AND THAT IS PROBABLY THE REASON I DID NOT RECEIVE THE~~  
~~ORIGINAL REPORT. I HAVE ENCLOSED A CHECK FOR \$300.00 FOR~~  
THAT YEAR AND 2000. I WOULD APPRECIATE THAT THIS REINSTATE MY  
CORPORATION FOR THOSE YEARS AND THE PENALTY BE REMOVED.  
THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY,

CARMELLO GONZAL

A handwritten signature in cursive script, reading "Carmello Gonzal", followed by a long horizontal flourish line.

KE