

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001351

1. Entity Name

AUTO CARE CENTER OF SOUTHERN BOULEVARD, LLC

Principal Place of Business

943 CLINT MOORE ROAD  
BOCA RATON FL 33487

Mailing Address

943 CLINT MOORE ROAD  
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0902321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERSON, GERALD S  
943 CLINT MOORE ROAD  
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name MARTIN P. HEISE

Street Address (P.O. Box Number is Not Acceptable)  
943 CLINT MOORE RD

City Boca Raton FL 33487

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

*Gerald S. Berson* *Martin P. Heise* 1-25-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME BERSON, GERALD S  
STREET ADDRESS 943 CLINT MOORE ROAD  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE MGRM  
NAME HEISE, MARTIN P  
STREET ADDRESS 943 CLINT MOORE ROAD  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-25-02 94-997-0045



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)