

# 2000 UNIFORM BUSINESS REPORT (UBR)

0304075

DOCUMENT # **P96000063567**

1. Entity Name  
**JOHN LOMBARDI AUTO SALES, INC.**

**FILED**

00 MAY -1 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1313 SW 1 AVE.  
FT. LAUDERDALE FL 33315  
US

Mailing Address  
1910 S.W. 37TH AVENUE  
FT. LAUDERDALE FL 33312-4220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0684841**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CAPITAL SERVICES  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**300003247563--1  
-05/11/00--01014--018**  
City **\*\*\*158.75 FL \*\*\*158.75**

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 \_\_\_\_\_ (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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDI, JOHN	
STREET ADDRESS	3305 SW 19 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	DPVS	<input type="checkbox"/> Delete
NAME	ROSSWURM, MICHELLE	
STREET ADDRESS	1910 S.W. 37TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSWURM, CHARLOTTE	
STREET ADDRESS	1910 S.W. 37TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michelle Rosswurm* **Michelle Rosswurm** 4/28/00 954-610-9869  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)