

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90104 047 ***150.00

DOCUMENT # P97000022400

1. Entity Name

DEERFIELD AUTO TAG AGENCY, INC.

Principal Place of Business

14936 S.W. 104 ST.
 MIAMI FL 33196
 US

Mailing Address

14936 SW 104 STREET
 UNIT 20
 MIAMI FL 33196-5232

000000007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 W Hillsboro Blvd

3. Mailing Address

1600 W Hillsboro Blvd

Suite, Apt. #, etc.

Room #181

Suite, Apt. #, etc.

Suite #181

City & State

Deerfield Beach

City & State

Deerfield Beach

4. FEI Number

65-0749050

Applied For

Not Applicable

Zip

33442

Country

FLA

Zip

33442

Country

FLA

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

ESPINEL, PAULINO
14936 SW 104TH ST UNIT #20
MIAMI FL 33196

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	DPST	<input type="checkbox"/> Delete
NAME	ESPINEL, PAULINO	
STREET ADDRESS	14936 SW 104TH ST UNIT #20	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 305 3214454

CR2E034 (9/99)