

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30244

1. Entity Name

MIKE KASHTAN'S SUPERIOR AUTO SALES, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90024 001 \*\*\*150.00

Principal Place of Business

Mailing Address

6125-66TH ST NO  
ST PETERSBURG FL 33709  
US

6125-66TH ST NO  
ST PETERSBURG FL 33709-1524  
US

900000

2. Principal Place of Business

6850 PARK BLVD.

3. Mailing Address

6850 PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pinellas Park, FL.

City & State

Pinellas Park, FL.

4. FEI Number

59-2315437

Applied For

Not Applicable

Zip

33781

U.S.A.

Zip

33781

Country

U.S.A.

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

KASHTAN, MICHAEL R.  
9011 BAYWOOD PARK DR.  
SEMINOLE FL 33777

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 DP ☐ Delete  
NAME KASHTAN, MICHAEL R.  
STREET ADDRESS 9011 BAYWOOD PK. DR.  
CITY-ST-ZIP SEMINOLE FL

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

TITLE D ☐ Delete  
NAME KASHTAN, DOROTHY L.  
STREET ADDRESS 9011 BAYWOOD PK. DR.  
CITY-ST-ZIP SEMINOLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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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: Dorothy L. Kashtan 1-18-00 727-544-8344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)