

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91338

1. Entity Name

2100 MOTOR CORP.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90070 019 ***150.00

Principal Place of Business

Mailing Address

2564 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL 33487-1810

2255 SO FEDERAL HWY
DELRAY BEACH FL 33483-3317

2. Principal Place of Business

3. Mailing Address

2255 South Fed'l Hwy
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

Zip

Country

33483-3317

4. FEI Number

65-0209839

Applied For

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

LANG, IRA
2564 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

2054 N BAY ROAD

City

MIAMI BEACH

FL

Zip Code

33140

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 D ☐ Delete
NAME LANG, IRA
STREET ADDRESS 2564 S. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL

TITLE ☒ Change ☐ Addition
NAME 2054 N BAY ROAD
STREET ADDRESS MIAMI BEACH, FL 33140
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHLANGER, HAROLD
STREET ADDRESS 2564 S. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL

TITLE ☒ Change ☐ Addition
NAME 2054 N BAY ROAD
STREET ADDRESS MIAMI BEACH, FL 33140
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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: ✓

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)