

83 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110453

1. Entity Name

NATION AUTO SALES OF SOUTH FLORIDA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4006 S STATE RD 7

Suite, Apt. #, etc.

3. Mailing Address

4006 S. STATE RD 7

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

4. FEI Number

65-1062888

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33023

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

100023189041
03/19/03--01017--012 **61.25

03 SEP 16 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SILVIA SHIBER

Street Address (P.O. Box Numbers Not Acceptable)

1834 NW 94th AVE

City

PLANTATION

FL

Zip Code

33322

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

9-11-03

9. This corporation is eligible to satisfy its franchise

tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$850.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Fee: \$5.00 May Be
Trust Fund Contribution: ☐ USA Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
ARIE ABECASIS
12263 NW 49th DRIVE
CORAL SPRINGS FL 33076

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VICE PRESIDENT
SILVIA SHIBER
1834 NW 94th AVE
PLANTATION FL 33322

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 of an attachment with an address with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-03 (954) 608-6866