

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90353 019 ***150.00

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DOCUMENT # 213712

1. Entity Name
PALM BEACH AUTO IMPORTS, INC.



Principal Place of Business
2345 OKEECHOBEE BLVD
WEST PALM BEACH FLA FL 33409
US

Mailing Address
2345 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409
US

1105688Z



2. Principal Place of Business

515 N. FLAGLER DRIVE
Suite, Apt. #, etc.
SUITE 808

3. Mailing Address

515 N. FLAGLER DRIVE
Suite, Apt. #, etc.
SUITE 808

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number **59-0837605**

Applied For
Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

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

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **CUILLO, ROBERT S**
STREET ADDRESS **2345 OKEECHOBEE BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **T** ☐ Delete
NAME **HOTARY, MICHAEL**
STREET ADDRESS **2345 OKEECHOBEE BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VAS** ☒ Delete
NAME **CUILLO, ROBERT A**
STREET ADDRESS **2345 OKEECHOBEE BLVD**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
NAME **CUILLO, ROBERT S:**
STREET ADDRESS **515 N. FLAGLER DRIVE STE 808**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **T** ☒ Change ☐ Addition
NAME **HOTARY, MICHAEL**
STREET ADDRESS **515 N. FLAGLER DRIVE STE 808**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HOTARY **REQUIRE** **4-30-03** **561-478-4990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)