2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

DOCUMENT # 522822 May 01, 2000 8:00 am Secretary of State BUTCH STOKES AUTOMOTIVE, INC. 05-01-2000 90463 027 ***158.75 Principal Place of Business Mailing Address 2530 SW 30TH AVENUE 2530 SW 30TH AVENUE PEMBROKE PARK FL 33009-3082 PEMBROKE PARK FL 33009 OTOOVO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-1707958 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDMAN, DAVID E. Street Address (P.O. Box Number is Not Acceptable) 20700 W. DIXIE MIAMI FL 33180 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE Change STOKES, ABNER E NAME STREET ADDRESS 8680 SW 57TH COURT STREET ADDRESS CITY-ST-ZIP **COOPER CITY FL** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE STOKES, TREASURE W NAME 8680 SW 57TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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