2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 594373

FAMILY AUTO BROKERS, INC.

SIMEONE, RONALD W.

832 N.E. 2ND AVE. FT. LAUDERDALE FL 33304

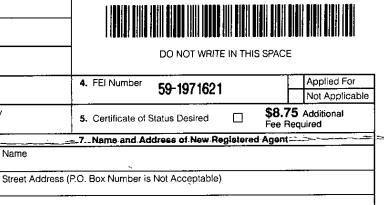
SIGNATURE:

Mailing Address Principal Place of Business 737 N. ANDREWS AVENUE 737 N. ANDREWS AVENUE FT. LAUDERDALE FL 33311-7440 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

6. Name and Address of Current Registered Agent

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90006 014 ***150.00



FL

Zip Code

SIGNATURE .	Signature, typed or printed name of registered agent and ti	tte if applicable (NOTE. F	Registered Agent signature requ	rred when rein	nstating)	DATE	<u></u>
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 Finan Trust Fund Contribution.		O_May Be to Fees	
11.	OFFICERS AND DIR	ECTORS	12.	ADE	DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMEONE, RONALD W. 832 N.E. 2ND AVE. FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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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.							

Name

City

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR