

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006743

DOCUMENT # A96000001852

1. Entity Name

AUTO SPA LIMITED PARTNERSHIP NO. 1

**FILED**  
**May 09, 2001 8:00 A.M.**  
**Secretary of State**

Principal Place of Business

4500 W. COMMERCIAL BLVD.  
TAMARAC FL 33319

Mailing Address

8400 N. UNIVERSITY DR., #109  
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0701102

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

SCHREIBER, BRUCE  
8400 N UNIVERSITY DRIVE  
TAMARAC FL 33321

Name

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

100004193831--6

-05/10/01-01104-005

City

\*\*\*\*141.25 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000017643  
NAME AUTO SPA OF TAMARAC, INC.  
STREET ADDRESS 8400 N. UNIVERSITY DRIVE, SUITE 109  
CITY-ST-ZIP TAMARAC FL 33321

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01

Date

954-722-8400

Daytime Phone #

CR2E003 (11/00)