

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90076 011 ***150.00

DOCUMENT # F76997

1. Entity Name
T. L. C. AUTO BROKERS, INC.



Principal Place of Business
% NICHOLAS H. KREITZ
611 NW 45 AVE
COCONUT CREEK FL 33066

Mailing Address
% NICHOLAS H. KREITZ
611 NW 45 AVE
COCONUT CREEK FL 33066

90004540



2. Principal Place of Business

128 SW 1 AVE

3. Mailing Address

128 SW 1 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach FL

City & State
Pompano Beach FL

4. FEI Number **59-2369644**

Applied For
Not Applicable

Zip
33060

Country
BROWARD

Zip
33060

Country
BROWARD

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

KREITZ, NICHOLAS H
611 N.W. 45TH AVE.
COCONUT CREEK FL 33066

Name

Street Address (P.O. Box Number is Not Acceptable)
4061 Coconut Creek Blvd

City **Coconut Creek** FL Zip Code **33066**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KREITZ, NICHOLAS H**
STREET ADDRESS **611 N.W. 45TH AVENUE**
CITY-ST-ZIP **COCONUT CREEK FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4061 Coconut Creek Blvd**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03
Date

954-946-3601
Daytime Phone #

CR2E034 (10/02)