

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003771

1. Entity Name

MARTELL PONTIAC-GMC, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90014 039 \*\*\*150.00

Principal Place of Business

Mailing Address

8505 NW 12TH ST  
MIAMI FL 33126  
US

8505 NW 12TH ST  
MIAMI FL 33126-1800  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 490292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY BISCAYNE, FL.

4. FEI Number

65-0688004

Applied For

Not Applicable

Zip

Country

Zip

Country

33149

DADE

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STEVEN, MURDOCK	
STREET ADDRESS	5730 GLENRIDGE DR - STE 404	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROST, SHIRLEY	
STREET ADDRESS	8505 N.W. 12 STREET	
CITY-ST-ZIP	MIAMI FL 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00 305-436-8400

CR2E034 (9/99)