## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F98000000239

110 SE SIXTH ST

110 SE 6TH STREET

MAUL, TODD

FT. LAUDERDALE, FL 33301

(X) Delete

FT. LAUDERDALE, FL 33301 US

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: ABRAHAM CHEVROLET-MIAMLING

FILED May 01, 2003 Secretary of State

Entity Nar	me: ABRAF	IAM CHEVROLET-N	MAMI, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
4181 SW 8 MIAMI, FL							
Current Mailing Address:				New Mailing Address:			
110 SE SIX 20TH FLO FT. LAUDE		33301					
FEI Number:	65-0802822	FEI Number Appli	ed For() FEIN	lumber Not Appl	icable ( )	Certificate of Status D	esired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
110 SE 6T 20TH FLO FT. LAUDE The above	ERDALE, FL		nent for the purpose	e of changing i	ts registered	l office or registered ag	ent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
	mpaign Financ	ing Trust Fund Contrib	ution ( ).	ADDITION	IS/CHANGE	S TO OFFICERS AND	DIRECTORS
Title: Name: Address: City-St-Zip:	MAROONE, 110 SE SIXT	( ) Delete MICHAEL E H ST., 20TH FLOOR DALE, FL 33301		Title: Name: Address: City-St-Zip:	MAUL, TODE 110 SE SIXT	(X) Change()Addition) ) H ST., 20TH FLOOR DALE, FL 33301	
Title: Name: Address: City-St-Zip:	FERRANDO 110 SE SIXT	( ) Delete JONATHAN P H ST., 20TH FLOOR DALE, FL 33301		Title: Name: Address: City-St-Zip:	PHILLIPS, HI 110 SE SIXT	(X) Change ( ) Addition ENRY S H ST., 20TH FLOOR DALE, FL 33301	
Title: Name:	T BOURHIS, M	(X) Delete ICHAEL L		Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: TODD MAUL P 05/01/2003

() Change () Addition