

2000 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # G18081

1. Entity Name

FAUSTO'S AUTO EXCLUSIVE, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 JUL 27 AM 10:41

Principal Place of Business

530 SOUTH DIXIE HIGHWAY
POMPANO BEACH FL 33060

Mailing Address

530 SOUTH DIXIE HIGHWAY
POMPANO BEACH FL 33060

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

59-2580124

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FABBRI, FAUSTO
530 SOUTH DIXIE HIGHWAY
POMPANO BEACH FL 33060

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
FABRI, FAUSTO
530 SOUTH DIXIE HIGHWAY
POMPANO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003350110--7
-08/08/00--01100--011
****158.75 ****158.75 ☐ Change ☐ Addition

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-17-00

Daytime Phone #

954-785-5591

CR2E034 (5/00)

Fausto's

2072

FAUSTO'S AUTO EXCLUSIVES, INC.
530 SOUTH DIXIE HIGHWAY WEST
POMPANO BEACH, FL 33060

JULY 17, 2000

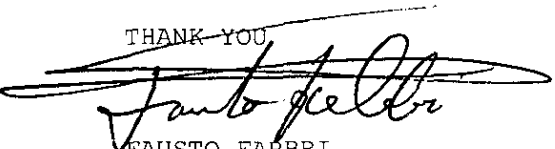
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: FAUSTO'S AUTO EXCLUSIVES, INC.
59-2580124

DEAR SIR OR MADAM;

----- ENCLOSED PLEASE FIND THE ORIGINAL FILING OF THE 2000 ANNUAL REPORT FOR FAUSTO'S AUTO EXCLUSIVES, INC., ALONG WITH THE RELATED CHECK FOR THE FILING FEES. IN PRIOR YEARS WE HAVE SUBMITTED OUR ANNUAL REPORT IN A TIMELY FASHION. THE REPORT FOR 2000 IS DELINQUENT AS A RESULT OF OUR NON RECEIPT OF THE FORMS FROM YOUR OFFICE WHICH IN THE PAST HAS TRIGGERED OUR RESPONSE AND FILING. I AM NOT AWARE AS TO WHY WE WOULD NOT HAVE RECEIVED THIS FORM, BUT NOW UPON RECEIVING THIS SECOND NOTICE AND AS I USUALLY DO, I AM IMMEDIATELY SUBMITTING IT WITH PAYMENT. ADDITIONALLY, I AM BASICALLY A ONE MAN SHOP AND AT 59 YEARS OLD, ITS NOT GETTING ANY EASIER TO MAKE A LIVING. AT THE SAME TIME I AM THE SOLE CARETAKER OF MY WIFE OF 40 YEARS WHO HAS HAD LUPUS AND SEVERE ARTHRITIS FOR ABOUT 7 YEARS. AS THE YEARS HAVE GONE BY SHE GETS MORE AND MORE DEPENDENT ON ME. SOMETIMES I JUST DON'T ADMINISTER MY FINANCIAL AFFAIRS AS I SHOULD. POSSIBLY, IF I HAD RECEIVED THE ORIGINAL REPORT, I WOULD HAVE FILED TIMELY. I FILE NOW WITH THE HOPE THAT YOU WILL HAVE COMPASSION AND THEREBY ABATE ANY LATE PENALTIES.

THANK YOU


FAUSTO FABBRI
PRESIDENT