

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 8:00 a**  
**Secretary of State**

02-07-2000 90040 037 \*\*\*150.00

**DOCUMENT # G64374**

1. Entity Name

**FOSSAS CARBURETOR, INC.**

Principal Place of Business

Mailing Address

C/O SILVIO FOSSAS  
2546 S.W. 15 AVE.  
FT LAUDERDALE FL 33315C/O SILVIO FOSSAS  
2546 S.W. 15 AVE.  
FT LAUDERDALE FL 33315-2205**91351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2337474**

Not

5. Certificate of Status Desired ☐**\$8.75**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSSAS, SILVIO  
1399 STATE RD 84  
FT LAUDERDALE FL 33315

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**

Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FOSSAS, SILVIO  
991 SW 32ND ST  
FT LAUDERDALE, FL 00000 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ ChangeTITLE  
NAME  
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CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Silvio Fossas

01/26/00

(954) 764-896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #