

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21515

1. Entity Name

NORTH DADE AUTO BODY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90059 024 ***150.00

Principal Place of Business Mailing Address
16600 NW 57 AVE. 16600 NW 57 AVE.
MIAMI FL 33014 MIAMI FL 33014-6123

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 65-0049073 Applied For
Not Applicable

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

PATHMAN, WAYNE M
ONE BISCAYNE TOWER, SUITE 3660
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 P ☐ Delete
NAME HYMAN, ROBERT
STREET ADDRESS 16600 NW 57 AVENUE
CITY-ST-ZIP MIAMI FL 33014

TITLE D ☐ Change ☒ Addition
NAME JOSEPH C. HERMAN
STREET ADDRESS 2333 PONCE DE LEON BLVD SUITE 600
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S ☐ Delete
NAME HYMAN, ROBERT
STREET ADDRESS 16600 NW 57 AVENUE
CITY-ST-ZIP MIAMI FL 33014

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

TITLE AS ☐ Delete
NAME YUSKO, DAVID A.
STREET ADDRESS 1660 NW 57 AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

JOSEPH C. HERMAN 4-26-00 305-665-9600

CR2E034 (9/99)