

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26896

1. Entity Name

DEEL CAR CORP.

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90014 015 \*\*\*150.00

Principal Place of Business

4811 LEJUNE RD  
CORAL GABLES FL 33146  
US

Mailing Address

4811 LEJUNE RD  
CORAL GABLES FL 33146  
US

00042000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3650 BIRD ROAD

3. Mailing Address

3650 BIRD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0062271

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

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

Name

KRAVITZ, HAROLD P ESQ  
7600 W 20TH AVE SUITE 223  
~~200 S.E. FIRST STREET~~  
HIALEAH FL 33016

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 PD  
NAME BELLOSTA, CARLOS  
STREET ADDRESS 4811 LEJUNE RD  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3650 BIRD ROAD  
CITY-ST-ZIP MIAMI, FLORIDA 33133

TITLE VSD  
NAME BELLOSTA, JOSE  
STREET ADDRESS 4811 LEJUNE RD  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3650 BIRD ROAD  
CITY-ST-ZIP MIAMI, FLORIDA 33133

TITLE SD  
NAME O'MALLEY, DAN  
STREET ADDRESS 3650 BIRD RD  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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)(f), 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 #

CR2F034 (9/99)