

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28775

1. Entity Name

FLORIDA AUTO INSURANCE OF LAUDERDALE, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90070 028 ***150.00

Principal Place of Business

Mailing Address

% RICHARD GOLDSTONE
105 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304

% RICHARD GOLDSTONE
105 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304-1952

628273



DO NOT WRITE IN THIS SPACE

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

65-0062084

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

GOLDSTONE, RICHARD
NORTHBRIDGE BANK BLDG. #202
2300 W. SAMPLE RD.
POMPANO BEACH FL 33073

Name **RICHARD GOLDSTONE**
Street Address (P.O. Box Number is Not Acceptable)
2400 W. CYPRESS CREEK RD
SUITE 100
City **FT. LAUDERDALE** FL **33309**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAGNA, GERALD VAN	
STREET ADDRESS	7652 TRENT DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAGNA, HELEN VAN	
STREET ADDRESS	7652 TRENT DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAFASSO, PATSY	
STREET ADDRESS	60 CHATHAM ROAD	
CITY-ST-ZIP	HEWLETT NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAFASSO, MARGARET R.	
STREET ADDRESS	60 CHATHAM ROAD	
CITY-ST-ZIP	HEWLETT NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] **GERALD VAN DAGNA Pres.** 3/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-763-4080

CR2E034 (9/99)