

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90224 050 \*\*\*150.00

**DOCUMENT # K36292**

1. Entity Name

**NORMAN'S AUTO SEAT AND TRANSPORTATION SERVICES,**

Principal Place of Business

Mailing Address

~~21 SE 10TH ST~~  
~~DEERFIELD BEACH FL 33441~~  
~~US~~

~~21 SE 10TH ST~~  
~~DEERFIELD BEACH FL 33441-3385~~  
~~US~~

2. Principal Place of Business

**2331 N. STATE RD 7**

3. Mailing Address

**2331 N. STATE RD 7**

Suite, Apt. #, etc.

**201**

Suite, Apt. #, etc.

**201**

City & State

**LAUDERHILL, FL**

City & State

**LAUDERHILL, FL**

Zip

**33313**

Country

**USA**

Zip

**33313**

Country

**USA**

4. FEI Number

**65-0633609**

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

**NORMAN, DANIEL SR.**

~~201 SE 1 TERR.~~

~~DEERFIELD BEACH FL 33441~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**2331 N. STATE RD 7, SUITE 201**

City

**LAUDERHILL**

FL

Zip Code

**33313**

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	<input type="checkbox"/> Delete
NAME	<b>NORMAN, MICHELE</b>	
STREET ADDRESS	<b>2106 N W 70 TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>NORMAN, DANIEL SR</b>	
STREET ADDRESS	<b>2106 N W 70 TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, ROSE</b>	
STREET ADDRESS	<b>441 NW 2ND AVE</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>NORMAN, DANIEL JR</b>	
STREET ADDRESS	<b>2106 N W 70 TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

*Daniel Norman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**5-1-2000**

Daytime Phone #