## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K70534** Jun 28, 2000 8:00 am 1. Entity Name **Secretary of State** SANTA FE MOTORCARS, INC. 06-28-2000 90001 027 \*\*\*158.75 Principal Place of Business Mailing Address 1485 NE 57 PL 1485 NE 57 PL FT LAUDERDALE FL 33334-6119 FT LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0463966 Not Applicable \$8.75 Additional Country Zip --Country 5. Certificate of Status Desired 🔑 🔲 Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAVOSO, GREGORY P Street Address (P.O. Box Number is Not Acceptable) 1219 NE 9TH AVE FT LAUDERDALE FL 33304 Zio Code City 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 it applicable. (NOTE: Registered Agers signature required when remassing) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution.— Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE Change Addition DILE vavoso, gregory p. NAME NAME STREET ADDRESS STREET ADDRESS 1219 NE 9TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P -- Addition Detete -TITLE = NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-212 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TIRESONO TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. <del>مئان ۋىلى ادا سى</del> SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytane Phone #