

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96170

1. Entity Name

BRET'S VETTE SERVICE, INC.

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90001 034 \*\*\*550.00

Principal Place of Business

Mailing Address

~~10791 NW 53 ST.~~

~~10791 NW 53 ST.~~

~~109~~

~~109~~

~~SUNRISE FL 33351~~

~~SUNRISE FL 33351~~

US

US

2. Principal Place of Business

3. Mailing Address

13001 Mustang Trail

P.O. Box 292467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Davie, FL

Zip 33330

Country USA

Zip 33329-2467

Country USA

4. FEI Number 65-0129314

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

MOSS, BRET

4031 NW 115 TERR

SUNRISE FL 33323

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/19/01  
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, 2001 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	D	<input type="checkbox"/> Delete
NAME	MOSS, BRET	
STREET ADDRESS	4031 NW 115TH TERR	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOSS, MICHAEL	
STREET ADDRESS	BOX 222C R R 6	
CITY-ST-ZIP	VINCENESS ID	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, PAMELA	
STREET ADDRESS	4031 N.W. 115TH TERR.	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/01 561-912-9331  
Date Daytime Phone #

CR2E034 (10/00)