2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L00000008075

1. Entity Name

NORMA AUTO CONCEPTS OF FLORIDA, L.C.

FILED

01 JUL -2 AM 8: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
731 WESLEY AVENUE TARPON SPRINGS FL 34689	731 WESLEY AVENUE TARPON SPRINGS FL 34689

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 *APPLIED FOR* ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BASILICATO, EDOUARD S 731 WESLEY AVENUE TARPON SPRINGS FL 34689	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) ____ DATE ____

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-07/16/01--01044--001
*****50.00 *****50.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS/MEMBERS		**10.**		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER. EDOUARD S. BASILICATO 731 WESLEY AVENUE TARPON SPRINGS, FL 34689	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4/30/01   727-449-9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

002294? AF

CR2E083 (11/00)