

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 033 ***150.00

DOCUMENT # **L42967**

1. Entity Name
Wholesale of Hollywood Auto Brokers Inc
822 B NE 1st Ave
Ft Lauderdale FL 33304



DO NOT WRITE IN THIS SPACE

90066218

2. Principal Place of Business
822 B NE 1st Ave
Suite, Apt. #, etc.

3. Mailing Address
822 B NE 1st Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft Lauderdale FL
Zip
33304
Country
USA

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Ft Lauderdale FL
Zip
33304
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USA

4. FEI Number
65-0163178

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Jodie Krevoy

Street Address (P.O. Box Number is Not Acceptable)
3406 Leigh Rd

City
Pompano Beach **FL** Zip Code
33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jodie Krevoy**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
President
NAME
Cary Krevoy
STREET ADDRESS
3406 Leigh Rd
CITY-ST-ZIP
Pompano Beach FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 **954-467-9888**
Date Daytime Phone #

CR2E034B (12/02)