

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Feb 14, 2000 8:00 am  
Secretary of State  
02-14-2000 90177 015 \*\*\*150.00

DOCUMENT # L93474

Entity Name  
HILLSBORO TIRE AND AUTO CENTER, INC.

Principal Place of Business  
WEST HILLSBORO BOULEVARD  
COCONUT CREEK FL 33073

Mailing Address  
4589 WEST HILLSBORO BOULEVARD  
COCONUT CREEK FL 33073-2006

B0019336



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number  
65-0210469

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

6. Name and Address of Current Registered Agent  
ORETSKY, LLOYD  
4589 W. HILLSBORO BLVD.  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent  
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

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

1. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	ORETSKY, LLOYD	
CITY-ST-ZIP	4589 W. HILLSBORO BLVD.	
	COCONUT CREEK FL	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	ORETSKY, JUDY	
CITY-ST-ZIP	4589 W. HILLSBORO BLVD.	
	COCONUT CREEK FL	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	ORETSKY, JOSHUA	
CITY-ST-ZIP	4589 W. HILLSBORO BLVD.	
	COCONUT CREEK FL	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	ORETSKY, TODD	
CITY-ST-ZIP	4589 W. HILLSBORO ROAD	
	COCONUT CREEK FL	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

3. 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  
Date: 2/8/00 Daytime Phone #: 954 975 0888

CR2E034 (9/99)