

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002413 AF

DOCUMENT # L97000001314

1. Entity Name
MR. C'S AUTO SALES OF HOLLYWOOD, L.C.

00 APR 30 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2701 N. STATE ROAD 7
HOLLYWOOD FL 33302

Mailing Address

P.O. BOX 772435
CORAL SPRINGS FL 33077-2435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1300 S SR 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33023

Country

USA

Zip

Country

4. FEI Number

65-0799999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, HOWARD S ESQ.
11900 BISCAYNE BLVD., SUITE #740
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

HOWARD WEINSTEIN

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

2450 NE MIAMI GARDENS DR. 2ND FLOOR

City

North Miami Beach

FL

Zip Code

33180

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500003258545--2

-05/19/00--01006--024

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MR. C'S AUTO SALES, INC. ☐ Delete
STREET ADDRESS 891 NORTH STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE NAME MGRM NICE INVESTMENTS, INC. ☐ Delete
STREET ADDRESS 2600 ISLAND BLVD., STE. #2401
CITY-ST-ZIP AVENTURA FL 33063

TITLE NAME MGRM KEDEM, BARAK ☐ Delete
STREET ADDRESS 571 N.W. 108TH AVE.
CITY-ST-ZIP PLANTATION FL 33325

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM MR. C'S AUTO SALES, INC. ☒ Change ☐ Addition
STREET ADDRESS P.O. BOX 772435
CITY-ST-ZIP CORAL SPRINGS, FL 33077

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

042800 (954) 796-773

CR2E083 (9/99)