

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M22460

1. Entity Name

COLLEGE AUTO SALES OF FLORIDA, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90130 028 ***150.00

Principal Place of Business

Mailing Address

9050 NW 27TH AVE
MIAMI FL 33147
US

9050 NW 27TH AVE
MIAMI FL 33147-3502
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHAMOUN, FADI
761 LAUREL LANE E.
PEMBROKE PINE FL 33027

4. FEI Number

59-2639297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

11. OFFICERS AND DIRECTORS

TITLE	PD	Delete
NAME	CHAMOUN, HABIB	
STREET ADDRESS	761 LAUREL LANE EAST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VPD	Delete
NAME	CHAMOUN, FADI	
STREET ADDRESS	761 LAUREL LANE EAST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	SD	Delete
NAME	MOURAD, MAHA	
STREET ADDRESS	1072 S.W. 156 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	TD	Delete
NAME	CHAMOUN, FARES	
STREET ADDRESS	761 LAUREL LANE EAST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Fadi Chamoun

3/20/00

(305) 446-1120

Date

Daytime Phone #

CR2E034 (9/99)