

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M59704

1. Entity Name

FRIENDLY GARAGE, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90014 033 \*\*\*150.00

049777



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2311 PEMBROKE RD.  
HOLLYWOOD FL 33020

Mailing Address  
2311 PEMBROKE RD.  
HOLLYWOOD FL 33020-6253

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2848617**  
☐ Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

SITTON, MOSHE  
2311 PEMBROKE RD.  
HOLLYWOOD FL 33020

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SITTON, MOSHE		NAME			
20441 N.E. 30 AVE.		STREET ADDRESS			
N. MIAMI BEACH FL		CITY-ST-ZIP			
STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SITTON, MIRIAM		NAME			
20441 N.E. 30 AVE.		STREET ADDRESS			
N. MIAMI BEACH FL		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			
	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		NAME			
		STREET ADDRESS			
		CITY-ST-ZIP			

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: Moshe Sitton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 (854) 921-0293  
Date Daytime Phone

CR2E034 (9/99)