

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77210

1. Entity Name

TREASURE AUTO SALES & LEASING, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90033 045 ***150.00

Principal Place of Business

Mailing Address

12400 S.W. 62 AVE.
MIAMI FL 33156
US

23333 S. DIXIE HIGHWAY
MIAMI FL 33032-2508
US

Reverse

B0018306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

23333 So. Dixie
Suite, Apt. #, etc.

12400 S.W. 62 Ave
Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

Zip

County

Zip

County

33032-2508 Dade

33156 Dade

4. FEI Number

23-0032442

Applied For

Not Applicable

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

VAN ORMAN, SCOTT
8301 NW 36TH CT
CORAL SPRINGS FL 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
REBOZO, CHARLES F.
12400 SW 62 AVE
MIAMI FL 33156 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
VAN ORMAN, SCOTT
8301 NW 36
CORAL SPRINGS FL 33085 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Add

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

SIGNATURE:

Charles F. Rebozo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00 (305) 606-7963
Date Daytime Phone #