

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M77210

1. Entity Name
TREASURE AUTO SALES & LEASING, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90077 028 ***150.00

Principal Place of Business

23333 S. DIXIE HIGHWAY
MIAMI FL 33032-2508
US

Mailing Address

12400 S.W. 62 AVE
MIAMI FL 33156
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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 Charles F. REBOZO
Street Address (P.O. Box Number is Not Acceptable)
12400 S.W. 62 Ave
City Miami FL Zip Code 33156

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 *Charles F. Rebozo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01
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, 2001 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 PTD ☐ Delete
NAME REBOZO, CHARLES F.
STREET ADDRESS 12400 SW 62 AVE
CITY-ST-ZIP MIAMI FL 33156

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

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

TITLE ☒ Change ☐ Addition
NAME Sect
STREET ADDRESS Connie Sheehy
CITY-ST-ZIP 12400 S.W. 62 Ave Miami, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/26/01 (305) 606-7963
Date Daytime Phone #

CR2E034 (10/00)