

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000589

1. Entity Name

MIAMI LAKES ELECTRONICS, L.L.C.

Principal Place of Business

16600 S.W. 57TH AVENUE  
MIAMI FL 33014

Mailing Address

16600 S.W. 57TH AVENUE  
MIAMI FL 33014-6123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2101537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YUSKO, DAVID

3191 CORAL GABLES WAY, SUITE 1005  
CORAL GABLES FL 33145

Name

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

2333 PONCE DE LEON BLVD

SUITE 600

City

CORAL GABLES

FL

Zip Code

33134

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GOLD COAST AUTO MALL, INC.  
3191 CORAL GABLES WAY, SUITE 1005  
CORAL GABLES FL 33145 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PLANET AUTOMOTIVE GROUP, INC.  
2333 PONCE DE LEON BLVD SUITE 600  
CORAL GABLES FL 33134 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003259275--5  
-05/19/00--01078--005  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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 #

JOSEPH C HERMAN 305-774-7690

4-26-00

CR2E083 (9/99)