

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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00 MAY -1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000591

1. Entity Name
CUTLER RIDGE AUTOMOTIVE, L.L.C.

Principal Place of Business

21111 S. DIXIE HIGHWAY
MIAMI FL 33189

Mailing Address

21111 S. DIXIE HIGHWAY
MIAMI FL 33189-2724

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2101457

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

YUSKO, DAVID
2333 PONCE DE LEON BLVD. SUITE 600
CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 0000003259890--6
CITY-ST-ZIP -05/19/00--01101--012
*****50.00 *****50.00

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

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

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

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

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

JOSEPH E. HERMAN

Date

Daytime Phone #

4-26-00 305-774-7690

CR2E083 (9/99)