

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000592

1. Entity Name
ALL DADE AUTO BODY, L.L.C.

Principal Place of Business

5220 N.W. 165TH STREET
MIAMI LAKES FL 33014

Mailing Address

5220 N.W. 165TH STREET
MIAMI LAKES FL 33014-6231

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2333 PONCE DE LEON BLVD

SUITE 600

CORAL GABLES FL

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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
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

☐ Delete

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CITY- ST- ZIP

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10. ADDITIONS / CHANGES

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
400003259274-3
-05/19/00--01078--004
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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

JOSEPH C. HERMAN 205-774-7690

4-26-00

Daytime Phone #

CR2E083 (9/99)