

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0000623 AF

DOCUMENT # M98000000592

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

01 APR 27 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000004211940--4  
-05/11/01--01088--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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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:

DAVID YUSKO, SECT.

4-25-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2ED83 (11/00)