

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000774

1. Entity Name

GOLDEN GLADES AUTOMOTIVE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

19390 N.W. 2ND AVENUE
MIAMI FL 33169

Mailing Address

19390 N.W. 2ND AVENUE
MIAMI FL 33169



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

52-2108280

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

LEWIS, PATHMAN P.A.

ONE BISCAYNE TOWER, 2 SOUTH BISCAYNE BLVD

SUITE 2400

MIAMI FL 33131

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
PLANET AUTOMOTIVE
STREET ADDRESS 2333 PONCE DE LEON BLVD. #600
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME ☐ Change ☐ Addition
8000003391908--7
-09/13/00--01078--017
*****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Delete
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 REQUIRED

DAVID A. YUSKO SEC. 9-500 305-77-7690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)