

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19865

1. Entity Name

FLORIDA MOPAR CONNECTION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90097 028 ****61.25

Principal Place of Business

Mailing Address

~~P.O. BOX 63~~
HOLLYWOOD FL 33022

~~P.O. BOX 63~~
HOLLYWOOD FL 33022

2. Principal Place of Business

3. Mailing Address

New Address
P.O. Box 2200 83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33022 USA

4. FEI Number

65-0030282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYCUMBER, ROLLIN
2523 SHERMAN ST
HOLLYWOOD FL 33020

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KRAMER, ERIC	
STREET ADDRESS	852 NW 81ST AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAYCUMBER, ROLLIN	
STREET ADDRESS	2523 SHERMAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PETRILLO, GEORGE	
STREET ADDRESS	710 NW 204 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, LANCE	
STREET ADDRESS	3361 LEE ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lance Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00 (954) 967-4411

CR2E037 (9/99)