

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30591

1. Entity Name

SOUTHEAST FLORIDA CHRYSLER-PLYMOUTH-JEEP-EAGLE D

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90118 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

O C TAYLOR MOTORS  
C/O ART TAYLOR, 700 N FED HWY  
DELRAY BCH FL 33444  
US

1777 PINE ISLAND RD  
#314  
PLANTATION FL 33324-5002  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0086014

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

KAYE, MARTIN  
DADE JEEP EAGLE  
15895 S DIXIE HWY  
MIAMI FL 33062

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 PD  
NAME KAYE, MARTIN  
STREET ADDRESS DADE JEEP EAGLE, 15895 S DIXIE HWY  
CITY-ST-ZIP MIAMI FL 33062

☐ Delete

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

TITLE D  
NAME TAYLOR, ARTHUR  
STREET ADDRESS 700 NORTH FEDERAL HWY  
CITY-ST-ZIP DELRAY BEACH FL 33444

☐ Delete

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

TITLE VPD  
NAME FIORAVANTE, GENE  
STREET ADDRESS POTAMKIN JEEP EAGLE, 16600 N W 57TH AVE  
CITY-ST-ZIP MIAMI FL 33014

☐ Delete

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

TITLE ST  
NAME TAYLOR, ART  
STREET ADDRESS O C TAYLOR MOTORS, 700 N FEDERAL HWY  
CITY-ST-ZIP DELRAY BCH FL 33444

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)