

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002217

1. Entity Name

HIGHWAY SAFETY AND MOTOR VEHICLES ADVISORY COMMI

Principal Place of Business

Mailing Address

DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES  
NEIL KIRKMAN BLDG / A-430  
TALLAHASSEE FL 32399

DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES  
NEIL KIRKMAN BLDG / A-430  
TALLAHASSEE FL 32399

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3203247

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

LAMBERT, SANDRA C  
DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES  
NEIL KIRKMAN BLDG / A-430  
TALLAHASSEE FL 32399

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	<input type="checkbox"/> Delete
NAME	VILLAMANAN, MANUEL	
STREET ADDRESS	8155 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PLUMMER, J L	
STREET ADDRESS	3500 PAN AMERICAN DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SILVA, EDDIE	
STREET ADDRESS	9740 S.W. 124TH COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-00

Date

305 2166 3000

Daytime Phone #

CR2E037 (9/99)

FILED  
Feb 25, 2000 8:00 am  
Secretary of State

02-25-2000 90027 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE