

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001896

1. Entity Name
FLORIDA AUTO TRANSPORT INC.

Principal Place of Business
15900 MEADOW WOOD DRIVE
WELLINGTON FL 33414

Mailing Address
15900 MEADOW WOOD DRIVE
WELLINGTON FL 33414

2. Principal Place of Business
2501 Bristol Drive
Suite, Apt. #, etc.
B-1

3. Mailing Address
2501 Bristol Drive
Suite, Apt. #, etc.
B-1

City & State
West Palm Beach FL
Zip
33409

City & State
West Palm Beach FL
Zip
33409

4. FEI Number
65-0973142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, MICHAEL J
15900 MEADOW WOOD DRIVE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME IGLESIAS, MICHAEL J
STREET ADDRESS 15900 MEADOW WOOD DRIVE
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S.T.
NAME Hector Iglesias
STREET ADDRESS 15900 Meadowood Drive
CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/01 Date

301-684-1103 Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90054 025 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)