

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/17

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90085 039 \*\*\*150.00

**DOCUMENT # P00000012447**

1. Entity Name

**AUTO SALES INC.**

Principal Place of Business

1790 SW 30 AVENUE  
 PEMBROKE PARK FL 33009

Mailing Address

1790 SW 30 AVENUE  
 PEMBROKE PARK FL 33009

2. Principal Place of Business

3. Mailing Address

**PO BOX 267**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Hallandale FL**

4. FEI Number

**65-0984077**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33008**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAGAN, EITAN ESQ.**  
**930 WASHINGTON AVE.**  
**SUITE 205-A**  
**MIAMI BEACH FL 33139**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**EMANO, AHARON**  
**1790 SW 30 AVENUE**  
**PEMBROKE PARK FL 33009**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/09/01 954-458-3800

CR2E034 (10/00)