

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039508

1. Entity Name

VEHICLE SERVICE CONSULTANTS, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90370 026 \*\*\*150.00

Principal Place of Business

10981 SW 47 TERRACE  
MIAMI FL 33165

Mailing Address

10981 SW 47 TERRACE  
MIAMI FL 33165

2. Principal Place of Business

10981 SW 47th Terrace

Suite, Apt. #, etc.

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

City & State

Miami, FLA

City & State

Miami, FLA

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUBIT, DONALD E  
100 SE 2ND STREET, 17TH FLOOR  
MIAMI FL 33131

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 re-registering)

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	PRESIDENT (P)	<input type="checkbox"/> Delete
NAME	WILLIAM A. TEMLAK	
STREET ADDRESS	10981 SW 47TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VICE PRESIDENT (V)	<input type="checkbox"/> Delete
NAME	ANNETTIO TEMLAK	
STREET ADDRESS	10981 SW 47TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	SAT SECRETARY & TREASURER	<input type="checkbox"/> Delete
NAME	DEBRA TEMLAK	
STREET ADDRESS	10981 SW 47TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33165	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Signature)*  
WILLIAM A. TEMLAK

Date

4/20/01

Daytime Phone #

(305) 226-0786

CR2E034 (10/00)