

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050249

1. Entity Name  
HYUNDAI OF STUART, INC.

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

04-27-2001 90332 035 \*\*\*150.00

Principal Place of Business  
1280 NORTH CONGRESS AVENUE  
SUITE 109  
WEST PALM BEACH FL 33409

Mailing Address  
1280 NORTH CONGRESS AVENUE  
SUITE 109  
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3725 SE Federal Hwy  
Suite, Apt. #, etc.

3. Mailing Address  
3725 SE Federal Hwy  
Suite, Apt. #, etc.

City & State  
STUART FL

City & State  
STUART FL

Zip  
34997

Country  
MARTIN

Zip  
34997

Country  
MARTIN

4. FEI Number  
06-1582687

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS E  
1280 NORTH CONGRESS AVENUE  
SUITE 109  
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name  
MAIONE, ROBERT V

Street Address (P.O. Box Number is Not Acceptable)  
3587 Northlake Blvd  
3725 S.E. Federal Hwy

City  
LAKE PARK STUART FL

Zip Code  
33409

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  
Robert V. Maione V.P.

(Type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstalling)

DATE  
4/18/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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	PSD	<input type="checkbox"/> Delete
NAME	ALBRECHT, GEORGE T	
STREET ADDRESS	394 WASHINGTON STREET	
CITY-ST-ZIP	WOBURN MA 01801	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAIONE, ROBERT V	
STREET ADDRESS	3587 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK FL 33403	
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
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: Robert V. Maione V.P.

(Type or printed name of signing officer or director)

DATE: 4/18/01

DAYTIME PHONE #: 561-288-1999

CR2E034 (10/00)