

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90049 022 ***150.00

926452



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000051195

1. Entity Name

TAG-TEAM AUTO SALES, INC.

Principal Place of Business

2840 STIRLING RD
 UNIT S
 HOLLYWOOD FL 33020

Mailing Address

2840 STIRLING RD
 UNIT S
 HOLLYWOOD FL 33020

2. Principal Place of Business

2840 STIRLING RD

3. Mailing Address

P.O. Box 936051

Suite, Apt. #, etc.

UNIT S

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

MARGATE, FL

4. FEI Number

65-1010825

Applied For

Not Applicable

Zip

Country

33020

USA

Zip

Country

33093

USA

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

FUCHS, LAWRENCE M
 590 ROYAL PALMBEACH BLVD
 ROYALPALM BEACH FL 33411

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)

2/17/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PSTD SAINT, BYRON L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2343 NW 34TH RD	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PSTD SAINT, BYRON L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1499 NW 91ST Avenue # 11-25	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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

2/17/01
 Date

954-920-8010
 Daytime Phone #

CR2E034 (10/00)