

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059352

1. Entity Name

AUTOTHORITY AUTOSALES, INC.

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90150 005 \*\*\*150.00

Principal Place of Business

16519 RUBY LAKE DRIVE  
WESTON FL 33331

Mailing Address

16519 RUBY LAKE DRIVE  
WESTON FL 33331

713346

2. Principal Place of Business

5610 EAST 8th Ave

3. Mailing Address

5610 EAST 8th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HALEAH - FLORIDA

City & State

HALEAH - FLORIDA

4. FEI Number

651012866

Applied For

Not Applicable

Zip

33013

Country

U.S.A.

Zip

33013

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M ESQ  
590 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

LUIS E. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

16519 RUBY LAKE DRIVE

City

WESTON

FL

33331

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]*

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 ☐ Delete  
NAME D  
STREET ADDRESS FERNANDEZ, ELIEZER  
CITY-ST-ZIP 16519 RUBY LAKE DRIVE  
WESTON FL 33331

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FERNANDEZ, LUIS  
CITY-ST-ZIP 16519 RUBY LAKE DRIVE  
WESTON FL 33331

TITLE ☒ Delete  
NAME D  
STREET ADDRESS ALCANTARA, IRIS  
CITY-ST-ZIP 521 RANCH ROAD  
WESTON FL 33326

TITLE ☐ Delete  
NAME P  
STREET ADDRESS PARRA, FRANCISCO  
CITY-ST-ZIP 3716 S.W. 148TH PLACE  
MIAMI FL 33185

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)