

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067134

1. Entity Name

ZOOMCAR OF FLORIDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90033 044 ***150.00

Principal Place of Business

270 S SERVICES RD. STE 45
MELVILLE NY 11747

Mailing Address

270 S SERVICES RD. STE 45
MELVILLE NY 11747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1723 106

Applied For

Not Applicable

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

UNITED CORPORATE SERVICES, INC.
9200 DADELAND BLVD, STE 508
MIAMI FL 33156

Name

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

City

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	John M Davies	
STREET ADDRESS	270 South Service Road - Suite 45	
CITY-STATE-ZIP	MELVILLE NY 11747	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Peter J Cavallaro	
STREET ADDRESS	270 South Service Road - Suite 45	
CITY-STATE-ZIP	Melville NY 11747	
TITLE	TRANSURER	<input type="checkbox"/> Delete
NAME	Jeffery R Harcourt	
STREET ADDRESS	3500 Solon Road	
CITY-STATE-ZIP	Solon Ohio	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	Anthony J Pucillo	
STREET ADDRESS	270 South Service Road	
CITY-STATE-ZIP	Melville NY 11747	
TITLE	MARK A H DIRECTOR	<input type="checkbox"/> Delete
NAME	Mark A Hissey	
STREET ADDRESS	270 South Service Road	
CITY-STATE-ZIP	Melville NY 11747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

PETER J Cavallaro SECRETARY

Date

1/29/01

Daytime Phone #

631-622-
876-9439

CR2E034 (10/00)