

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2001 90100 009 ***150.00

DOCUMENT # P00000069642

1. Entity Name

CAJ - CENTER AUTOMOTIVE JERUSALEM, INC.

Principal Place of Business

**1057 S. KIRKMAN ROAD, #236
 ORLANDO FL 32811**

Mailing Address

**1057 S. KIRKMAN ROAD, #236
 ORLANDO FL 32811**

2. Principal Place of Business

1209 S. KIRKMAN RD.

3. Mailing Address

1209 S. KIRKMAN RD.

Suite, Apt. #, etc.

APT 2136

Suite, Apt. #, etc.

APT 2136

City & State

Orlando Florida

City & State

Orlando Florida

Zip

32811

Country

U.S.A

Zip

32811

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

583660438

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRUMER, BARRY N ESQ.
 5728 MAJOR BLVD.
 SUITE 311
 ORLANDO FL 32819**

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 or 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 **P** ☐ Delete
 NAME **SENA SANTOS, MALHARIM**
 STREET ADDRESS **1057 S. KIRKMAN ROAD, #236**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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 **1209 S. KIRKMAN RD APT 2136**
 CITY-ST-ZIP **Orlando FL 32811**

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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

Date

Daytime Phone #

03/02/01 4076948253

0069047

CR2E034 (10/00)