

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000074874

1. Entity Name

Pembroke Auto &amp; Truck Service, Inc.

Principal Place of Business

2875 Sw 30th Ave

Pembroke Park, FL

33009

Mailing Address

2875 Sw 30th Ave

Pembroke Park, FL

33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1029307

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Spiegel &amp; Literra, P.A.

343 Almeria Ave

Coral Gables, FL

33134

Name

Anthony W. Pellegrino, P.A.

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

2550 NE 15th Ave

City

Ft Lauderdale

FL

Zip Code

33305

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, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when 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 \$250.00  
Make Check Payable to Department of State10. 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          | Pres                    | <input type="checkbox"/> Delete |
| NAME           | Barbara Natcher         |                                 |
| STREET ADDRESS | 2875 Sw 30th Ave        |                                 |
| CITY-ST-ZIP    | Pembroke Park, FL 33009 |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | V.O.                    | <input type="checkbox"/> Delete |
| NAME           | D'Amelio, Marie A       |                                 |
| STREET ADDRESS | 2875 Sw 30th Ave        |                                 |
| CITY-ST-ZIP    | Pembroke Park, FL 33009 |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | Sec/Tres                | <input type="checkbox"/> Delete |
| NAME           | D'Amelio, Robert        |                                 |
| STREET ADDRESS | 2875 Sw 30th Ave        |                                 |
| CITY-ST-ZIP    | Pembroke Park, FL 33009 |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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    |  |                                 |

|                |  |                                                                |
|----------------|--|----------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| NAME           |  |                                                                |
| STREET ADDRESS |  |                                                                |
| CITY-ST-ZIP    |  |                                                                |

|                |                         |                                                                           |
|----------------|-------------------------|---------------------------------------------------------------------------|
| TITLE          | Sec/Tres                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit |
| NAME           | D'Amelio, Marie A.      |                                                                           |
| STREET ADDRESS | 2875 Sw 30th Ave        |                                                                           |
| CITY-ST-ZIP    | Pembroke Park, FL 33009 |                                                                           |

|                |                         |                                                                           |
|----------------|-------------------------|---------------------------------------------------------------------------|
| TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit |
| NAME           | D'Amelio, Robert        |                                                                           |
| STREET ADDRESS | 2875 Sw 30th Ave        |                                                                           |
| CITY-ST-ZIP    | Pembroke Park, FL 33009 |                                                                           |

|                |              |                                                                |
|----------------|--------------|----------------------------------------------------------------|
| TITLE          | 300004136723 | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| NAME           |              |                                                                |
| STREET ADDRESS |              |                                                                |
| CITY-ST-ZIP    |              |                                                                |

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| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| NAME           |  |                                                                |
| STREET ADDRESS |  |                                                                |
| CITY-ST-ZIP    |  |                                                                |

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|----------------|--|----------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| 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)(b), 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 this 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 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

Unit:

Register, Phone #

FILED

01 MAY -1 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

954

7-30-01 454-1772