

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096354

1. Entity Name
SPECIALTY CAR CARE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90213 009 ***150.00

Principal Place of Business

**5844 COMMERCE LANE
SOUTH MIAMI FL 33143**

Mailing Address

**5844 COMMERCE LANE
SOUTH MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

Country

US

Zip

Country

US

4. FEI Number

65-1050473

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

**TOVAR, ILEANA ARIAS ESQ
9900 STIRLING ROAD SUITE 218
COOPER CITY FL 33024**

Name

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

City

FL

Zip Code
33145

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)

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 **PTD** ☒ Delete
NAME **MACARIO, PIERANGELO**
STREET ADDRESS **17185 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PTD** ☒ Change ☐ Addition
NAME **MACARIO PIERANGELO**
STREET ADDRESS **17185 NW 23rd. ST.**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **SVD** ☐ Delete
NAME **CRUZ DE MACARIO, OBDULIA**
STREET ADDRESS **17185 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE **D** ☐ Delete
NAME **MACARIO, ALBERTO A**
STREET ADDRESS **17185 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERANGELO MACARIO 04-23-01(305)6629555

Date

Daytime Phone

CR2E034 (10/00)