

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 17, 2001 8:00 am
Secretary of State

04-03-2001 90093 030 ***150.00

DOCUMENT # P00000098769

1. Entity Name

WEST SIDE MOTOR COMPANY, INC.

Principal Place of Business

826 NE 1ST AVE
 FT LAUDERDALE FL 33304

Mailing Address

826 NE 1ST AVE
 FT LAUDERDALE FL 33304

2. Principal Place of Business

826 B DE 1ST AV

Suite, Apt. #, etc.

3. Mailing Address

826 B DE 1ST AV

Suite, Apt. #, etc.

City & State

FT LAUD FL

City & State

FT LAUD FL

4. FEI Number

65-1094541

Applied For

Not Applicable

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GIARAMITA, JOSEPH R
 4901 N FEDERAL HWY
 FT LAUDERDALE FL 33308

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 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 NAME STREET ADDRESS CITY-ST-ZIP	PD PETRILLO, ANTHONY 826 NE 1ST AVE FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETRILLO, JOSEPH 826 NE 1ST AVE FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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

Joseph Petrillo Joseph PETRILLO

Date

3-29-01

Daytime Phone #

854779-7891