## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P00000100239 SOUTHERN STAR AUTO SALES, INC. 02-13-2001 90065 009 \*\*\*158.75 Principal Place of Business Mailing Address 360 ROYAL PALM BEACH BUSINESS PKWY, STE 10 360 ROYAL PALM BEACH BUSINESS PKWY. STE 10 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5-1051029 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUCHS, LAWRENCE M ESQ Street Address (P.O. Box Number is Not Acceptable) 590 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST Addition TITLE ☐ Delete TITLE ☐ Change TANCREDI, RICHARD NAME NAME 12733 TANGERINE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP W PALM BEACH FL 33412-2039 ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME

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

STREET ADDRESS

CITY-ST-ZIP

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