03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

03 SEP 16 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023189041
09/19/03--01017--012 **61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000110453

1. Entity Name
NATION AUTO SALES OF SOUTH FLORIDA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4006 S STATE RD 7		4006 S. STATE RD 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIRAMAR FL		City & State: MIRAMAR FL	
Zip: 33023	Country: USA	Zip: 33023	Country: USA

4. FEI Number 65-1062888 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: SILVIA SHEIBER
Street Address (P.O. Box Numbers Not Acceptable): 1834 NW 94th AVE
City: PLANTATION FL Zip Code 33322

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE X 9-11-03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	ARIE ABECASIS	NAME	
STREET ADDRESS	12263 NW 49th DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	SILVIA SHEIBER	NAME	
STREET ADDRESS	1834 NW 94th AVE	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date X 9-11-03 Daytime Phone # (954) 608-6866

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