

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 90859 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000840

1. Entity Name

U.S. AUTO LIQUIDATORS, INC.

35860



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2501 S.W. 31ST AVENUE
PEMBROKE PARK FL

Mailing Address

2501 S.W. 31ST AVENUE
PEMBROKE PARK FL

2. Principal Place of Business

1983 Park Rd

3. Mailing Address

1983 Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Park FL

City & State

Pembroke Park FL

4. FEI Number

65-1039418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BITON, BENJAMIN

2501 SW 31ST AVENUE

PEMBROKE PARK FL 33009

Name

BITON BENJAMIN

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

19355 TURNBERRY WAY

City AVENTURA

FL

Zip Code

33180

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

BITON BENJAMIN Owner

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when name is changed)

4/29/02

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, 2002 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 OWNER PRESIDENT ☐ Delete
NAME Benjamin Biton
STREET ADDRESS 19355 TURNBERRY WAY #8-H
CITY-ST-ZIP AVENTURA FL 33180

TITLE ALBERT COHEN - OFFICER ☐ Delete
NAME ALBERT COHEN
STREET ADDRESS 215 S. EAST 3RD AV.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE JACK GOLDSTEIN - OFFICER ☐ Delete
NAME JACK GOLDSTEIN
STREET ADDRESS 19355 TURNBERRY WAY #26J
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

BITON BENJAMIN Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

954 894 0026

CR2E034 (9/01)