

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052827
1. Entity Name SAKKAL AUTO CENTER, INC.

FILED

02 OCT 24 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6868 NW 179 St., #204 6868 NW 179 St., #204
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Lakes, FL Miami Lakes, FL
Zip Country Zip Country
33015 Dade 33015 Dade

4. FEI Number 65-1131522 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Adolfo Sakkal
Street Address (P.O. Box Number is Not Acceptable)
6868 NW 179 St.
#204
City
Miami Lakes, FL Zip Code
33015

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 reappointing)

DATE

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 \$81.25
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 PVT
NAME Adolfo Sakkal
STREET ADDRESS 6868 NW 179 St., #204
CITY-ST-ZIP Miami Lakes, FL 33015

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Adolfo Sakkal

305-335-3987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

10/21/02