

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18535

1. Entity Name

AUTOMOTIVE MANUFACTURING AND SUPPLY COMPANY, INC

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90403 014 ***150.00

Principal Place of Business

Mailing Address

90-1 PLANT AVENUE
HAUPPAUGE NY 11788

90-1 PLANT AVENUE
HAUPPAUGE NY 11788-3803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2466960

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENBERG, JEFFREY ESQ.
C/O GREENBERG & SCHILIAN
1761 WEST HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

Name

JEFFREY L. GREENBERG ESQ, P.A.

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

4800 NORTH FEDERAL HIGHWAY STE #304

City

BOCA RATON

FL

Zip Code

33431

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS MINOFF, MELVIN
CITY-ST-ZIP 10 WOODFERN COURT
DIX HILLS NY 11746

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

TITLE ☐ Delete
NAME S
STREET ADDRESS MINOFF, LEE
CITY-ST-ZIP 10 WOODFERN COURT
DIX HILLS NY 11746

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MINOFF, SCOTT
CITY-ST-ZIP 10 WOODFERN CT.
DIX HILLS NY 11746

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS MINOFF, SHERRY
CITY-ST-ZIP 10263 E PEAKVIEW AVE, #3-203
ENGLEWOOD CO 80111

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS CARPONI, SHERRY
CITY-ST-ZIP 19779 GAINES MILL CT
DARKER, CO 80134-7492

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00

CR2E034 (9/99)