2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300007559 1. Entity Name					FILED					
MR. C'S	AUTO SALES, INC.	₹ .			00 MAY 10 AM 7: 54					
POMPANO BEACH FL		Mailing Address 1890 UNIVERSITY DRIVE SUITE #105		1	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
		CORAL SPRINGS FL 33071-8. US	963	C	<i>0</i> 	+## 1211) 00 191 00 101 00 1	II 60 111 88 111 1 888	1 41(1) 101	. 1011 1001	
2. Principal Place of Business		3. Mailing Address PO Bax 772435						ا ا ا ا ا ا سد		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE I	IN THIS SPAC	± 🖘	150.	
City & State		City & State GAN SOLINGS FI			FEI Number	65-0386609		Not	olied For Applicable	
Zip 	Country	37077 -2935	Country		Certificate of St		□ Fee I	75 Addi Required		
	6. Name and Address of Current R	egistered Agent	- Name			iress of New Reg				
WEINSTEIN, HOWARD 11900 BISCAYNE BLVD SUITE #740 N. MIAMI FL 33181			Street A	ddress (P.O. E	3ox Number is f	Not Acceptable)	ns Dr		d Floor	_
14. 1411	74111 (2 00 10 1		City	MB			FL '	in Çode کا گگ		
SIGNATURE Signature, typed or printed name of registered agent and 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 Sta		00 550.00 t of State	10. Election Trust Fu	n Campaign Finan		Added	May Be to Fees	
11.	OFFICERS AND D		12.	PST A	DDITIONS/CHA	ANGES TO OFFICE			Addition	í
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROSS-COHEN, DANA L 4791 N FEDERAL HWY POMPANO BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSS CON	en, dana 172435 Prings, FI.			Change	Addition_	0,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, MARK A 4791 N FEDERAL HWY POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cohen, n P.O. Box Coral Si	NARK A T72435 Painus ; Fi	33077	<u> </u>	Change	☐ Addition	Ċ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete □ □	NAME STREET ADDRESS CITY-ST-ZIP	-	acc		 -	Change	Addition	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
13. I hereby o	ertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee emporemental report is to poration or the receiver or trustee emporemental reports to the receiver of the receiver or trustee emporemental reports to the receiver of the receive	rue and accurate and that m	w signature shall b	have the same	i legal effect as	if made under oat	h: that I am ar	n officer o	or director 1	