## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## DOCUMENT # **P93000008668** May 19, 2000 8:00 am Secretary of State OVERSEAS AUTO BROKERS INC. 05-19-2000 90181 008 \*\*\*150.00 Mailing Address Principal Place of Business 1432 SE 25TH TERR 3112 PALM AVE CAPE CORAL FL 33904-2937 FORT MYERS FL 33916 2. Principal Place of Business Suite, Apt. #, etc. DO NOT-WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0388786 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUDOLF, LARRY Street Address (P.O. Box Number is Not Acceptable) 1432 SE 25TH TERR #416 CAPE CORAL FL 33904 Zip Code City FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change PD ☐ Delete TITLE TITLE RUDOLF, MURRAY NAME NAME STREET ADDRESS -7870 S.W.: 127TH DRIVE-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.