

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90102 044 ***150.00

DOCUMENT # P93000016033

1. Entity Name
VINTAGE MOTORS OF SOUTH FLORIDA, INC.

Principal Place of Business: **4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418**

Mailing Address: **4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418-3965**

2. Principal Place of Business: **4500 PGA Blvd.**

3. Mailing Address: **4500 PGA Blvd.,**

Suite, Apt. #, etc.: **Suite 303A**

City & State: **Palm Beach Gardens, FL**

4. FEI Number: **65-0392316**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip: **33418** Country: **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DIVOSTA, OTTO B
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent
 Name: **DiVosta, Otto B.**
 Street Address (P.O. Box Number is Not Acceptable):
4500 PGA Blvd., Suite 303A
 City: **Palm Beach Gardens FL** Zip Code: **33418**

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: **4-12-00**

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 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 NAME STREET ADDRESS CITY-ST-ZIP | DP DIVOSTA, OTTO B 4500 PGA BLVD., SUITE 400 PALM BEACH GARDENS FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DIVOSTA, OTTO B. 4500 PGA BLVD., Suite 303A Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: DATE: **4-12-00** DAYTIME PHONE #: **561/691-9050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Otto B. DiVosta

CR2E034 (9/99)