

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90093 023 \*\*\*150.00

**DOCUMENT # P93000016033**

1. Entity Name

**VINTAGE MOTORS OF SOUTH FLORIDA, INC.**

Principal Place of Business

**4500 PGA BLVD.  
STE 303 A  
PALM BEACH GARDENS FL 33418**

Mailing Address

**4500 PGA BLVD.  
STE 303 A  
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

**4500 PGA Blvd.**

Suite, Apt. #, etc.

**Suite 207**

3. Mailing Address

**4500 PGA Blvd.**

Suite, Apt. #, etc.

**Suite 207**

City &amp; State

**Palm Beach Gardens, FL**

City &amp; State

**Palm Beach Gardens, FL**

4. FEI Number

**65-0392316**

Applied For

Not Applicable

Zip

**33418**

Country

**USA**

Zip

**33418**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****DIVOSTA, OTTO B  
4500 PGA BLVD.  
STE 303A  
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 207**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

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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DP</b>			
	<b>DIVOSTA, OTTO B</b>			
	<b>4500 PGA BLVD STE 303A</b>			
	<b>WEST PALM BEACH FL 33418</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>DP</b>				
	<b>DiVosta, Otto B.</b>				
	<b>4500 PGA Blvd., Suite 207</b>				
	<b>Palm Beach Gardens, FL 33418</b>				
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

**Otto B. DiVosta**

Date

Daytime Phone #

**561-691-9050**

DO NOT WRITE IN THIS SPACE

0295564

CR2E034 (10/00)