

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000017372**

1. Entity Name

MIRAMAR AUTO CENTER, INC.**FILED**
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90234 037 ***550.00

Principal Place of Business

2230 S STATE ROAD 7
MIRAMAR FL 33023
US

Mailing Address

2230 S STATE ROAD 7
MIRAMAR FL 33023
US**A0073992**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0401819

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

SCHETTINO, DANA BEDARSKI
2307 NW 193RD AVE
PEMBROKE PINES FL 33029

Name

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

City

FL

Zip Code

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHETTINO, TODD J	NAME	
STREET ADDRESS	2307 NW 193RD AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DOC. # P93000017372
A0573992

INSTRUCTIONS FOR FILING

CLIENT Miami Auto Center Inc.

RETURN Annual Corp Report PERIOD '2000'

TO BE SIGNED AND DATED BY ☒ TAXPAYER ☒ OFFICER ☐ PARTNER
☐ HUSBAND & WIFE ☐ AFFIX CORPORATE SEAL
☐ OTHER _____

AMOUNT OF TAX ☐ NO TAX DUE
☐ OVERPAYMENT WILL BE ☐ REFUNDED ☐ APPLIED

☒ TOTAL DUE \$ 550. PAYABLE AS FOLLOWS:

DRAW CHECK
PAYABLE TO

☐ INTERNAL REVENUE SERVICE
☐ FLORIDA DEPARTMENT OF REVENUE
☐ FLORIDA UNEMPLOYMENT COMPENSATION FUND
☐ DIVISION OF A B & T
☒ DEPT. OF STATE

MAILING
INSTRUCTIONS

☒ MAIL RETURN TO: ENVELOPE ATTACHED

☒ WITH PAYMENT ☐ WITHOUT PAYMENT
MAIL PAYMENT TO: _____

WITH FORM ☐ ENCLOSED

DUE DATE

THIS RETURN AND/OR ANY PAYMENT DUE MUST BE MAILED
SO AS TO ARRIVE ON OR BEFORE 9-13-00