

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 31, 2000 08:00 AM
Secretary of State**

DOCUMENT # P93000034585

1. Entity Name
SUNNY ISLES AUTO SERVICE CENTER, INC.

Principal Place of Business 2799 SUNNY ISLES BLVD NORTH MIAMI BEACH 33160	FL	Mailing Address 2799 SUNNY ISLES BLVD NORTH MIAMI BEACH 33160	FL
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number
65-0413721

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STERNBAUM MARC J
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL
33134 US

7. Name and Address of New Registered Agent

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 _____ DATE **01/31/2000**
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, 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

TITLE	T	<input type="checkbox"/> Delete
NAME	REES ANN M	
STREET ADDRESS	15041 TETHERCLIFT ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	REES ANN M	
STREET ADDRESS	15041 TETHERCLIFT ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REES ANN M	
STREET ADDRESS	15041 TETHERCLIFT ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	REES ALLEN A	
STREET ADDRESS	15041 TETHERCLIFT ST	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: ANN REES VP 01/31/2000