## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P93000051498 1. Entity Name AMERICAN AUTO SALES, INC. 05-17-2000 90843 050 \*\*\*150.00 Principal Place of Business Mailing Address 4291 N DIXIE HWY 4291 N DIXIE HWY POMPANO BEACH FL 33064-4255 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite=Apt. #-etc. ~ 4. FEI Number City & State City & State Applied For 65-0428660 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOSZO, RICKY A Number is Not Acceptable RCLE 4291 N DIXIE HWY POMPANO BEACH FL 33064 egistered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its registered office ture required when reinstating) (NOTE: Registered Agent sig FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign, Financing \$5.00 May Bo After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SECRETARY ☐ Delete TITLE □ Addition TITLE KUSZO, RICKY NAME KOSZO, RICKY NAME 641 NE TASTREET STREET ADDRESS STREET ADDRESS 641 NE 7TH STREET POMPANO CITY-ST-ZIP 33060 CITY-ST-7IE POMPANO FL 33060 PRESIDENT ROD ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ICE - PRESIDEN Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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: