

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078323

1. Entity Name

AUTO BUDGET INSURANCE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90004 040 ***150.00

Principal Place of Business

2215 NW 36 STREET
MIAMI FL 33142-5357
US

Mailing Address

18151 NE 31 COURT
1802
NORTH MIAMI BCH FL 33160-2665
US

2. Principal Place of Business

3. Mailing Address

4816 NW 67 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERHILL

Zip

Country

Zip

Country

33319-7214

BROWARD

4. FEI Number

65-0448399

Applied For

Not Applicable

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

LAKS, CARL L
28 W FLAGLER ST
STE 666
MIAMI FL 33130

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 \$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
PD
JONTIFF, HENRY F
18151 NE 31 CT #1802
N MIAMI BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADDRESS
4816 NW 67 AVENUE
LAUDERHILL FL 33319-7214

☒ Change

☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change

☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

305/634-1448

Daytime Phone #

CR2E014 (9/99)