

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085596 (3)

1. Corporation Name

RELIABLE MOTOR BROKER, INC.

Principal Place of Business

RELIABLE MOTOR BROKER, INC.
4112 W. OSBORNE AVE., SUITE 200
TAMPA FL 33614
US

Mailing Address

3811 NORTHGREEN AVENUE
APT. 3201
TAMPA FL 33624

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/10/1993

3a. Date of Last Report

03/30/1994

4. FEI Number

59-3215321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name GAZAR MOSHE

82

Street Address (P.O. Box Number is Not Acceptable)
5122 BAYN MAWA DR

83

84

City TAMPA

FL

85

Zip Code 33624

2. Principal Place of Business

21 4112 W. OSBORNE AVE

2a. Mailing Address

26 5122 BAYN MAWA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Zip

24 33614

Country

25 HILLSBOROUGH

Zip

29 33624

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

GAZAR, MOSHE
3811 NORTHGREEN AVENUE
APT. 3201
TAMPA FL 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GAZAR, MOSHE
STREET ADDRESS 3811 NORTHGREEN AVE., #3201
CITY-ST-ZIP TAMPA FL 33624

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME GAZAR MOSHE
1.3 STREET ADDRESS 5122 BAYN MAWA DR
1.4 CITY-ST-ZIP TAMPA FL 33624

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.12.95

Date

215-230-7950

Signature/Phone #