

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000042042

1. Entity Name

Intelligent Motor Cars Inc.

Principal Place of Business

Mailing Address

745 North Andrews Avenue
Ft. Lauderdale, FL 33311

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91185 002 ***158.75

LUU70099

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

745 North Andrews Ave
Suite, Apt. #, etc.

6800 NW 27 Avenue
Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip
33311

Country
USA

Zip
33309

Country
USA

4. FEI Number

05-0497224

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

Name

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

City

FL

Zip Code

Gerald A. Scalzo
6800 NW 27 Avenue
Ft. Lauderdale, FL 33309

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: If

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!!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

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 ☐ Delete

NAME
Gerald A. Scalzo
STREET ADDRESS
6800 NW 27 Avenue
CITY-ST-ZIP
Ft. Lauderdale, FL 33309

TITLE ☐ Delete

NAME
Amber Scalzo
STREET ADDRESS
6800 NW 27 Avenue
CITY-ST-ZIP
Ft. Lauderdale, FL 33309

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01

Date

951-257-8077

Daytime Phone #

CR2E034 (11/00)