

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070345

1. Entity Name
IVES MOTORS CORP.

FILED
Aug 31, 2000 8:00 am
Secretary of State
08-31-2000 90112 027 ***550.00

Principal Place of Business

225 SW 2 AVE
HOMESTEAD FL 33030
US

Mailing Address

225 SW 2 AVE
HOMESTEAD FL 33030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0552640

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

SHUKRIE, NISSAN
3510 N.E. 167TH ST.
NORTH MIAMI BEACH FL 33160

Name SHUKRIE, NISSAN
Street Address (P.O. Box Number is Not Acceptable)
225 SW 2ND AVENUE
City HOMESTEAD FL Zip Code 33030

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 NISSAN SHUKRIE

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

(NOTE: Registered Agent signature required when reinstating)

8-24-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PC ☐ Delete
NAME SHUKRIE, NISSAN
STREET ADDRESS 3510 N.E. 167TH STREET NORTH
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE ☒ Change ☐ Addition
NAME SHUKRIE, NISSAN
STREET ADDRESS 225 SW 2ND AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 687, 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: NISSAN SHUKRIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8-24-00 305 246-22

Daytime Phone #

CR2E034 (5/00)