

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91235 001 \*\*\*150.00

DOCUMENT # **P94000070997**

1. Entity Name

**411 AUTO SALES, INC** ✓

**DO NOT WRITE IN THIS SPACE**

**000450**

2. Principal Place of Business

**3455 NE 12 TER**

Suite, Apt. #, etc.

**SUITE #10**

City & State

**Fort Lauderdale FL**

Zip

**33334**

Country

**USA**

3. Mailing Address

**3455 NE 12 TER**

Suite, Apt. #, etc.

**SUITE #10**

City & State

**Fort Lauderdale FL**

Zip

**33334**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0527515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**JOHN P. KRAMER II**

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

**2637 SE 10 CT**

City

**BONITA BEACH**

**FL**

Zip Code

**33062**

**DO NOT WRITE  
IN THIS SPACE**

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

**JOHN P. KRAMER II**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**4/25/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP  
MCKENZIE GW  
3455 NE 12 TER #10  
FORT LAUDERDALE FL 33334**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DS  
KRAMER, JOHN A  
3455 NE 12 TER #10  
FORT LAUDERDALE FL 33334**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

**JOHN P. KRAMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**954-57-6265**

Daytime Phone #

CR2E034B (12/01)