

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90101 049 \*\*\*150.00

**DOCUMENT # P94000077002**

1. Entity Name  
**AUTOMOTIVE ENTERPRISES, INC. OF N.J.**

|   |  |
|---|--|
| Principal Place of Business<br>2521 NW 17TH LANE<br>SUITE 3<br>POMPANO BCH FL 33064<br>US | Mailing Address<br>2521 NW 17TH LANE<br>SUITE 3<br>POMPANO BCH FL 33064-1532<br>US |
|---|--|



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br><i>10720 N.W. 55<sup>th</sup> PL.</i> | 3. Mailing Address<br><i>10720 N.W. 55<sup>th</sup> PL</i> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |

|   |  |   |  |
|---|--|---|--|
| City & State<br><i>CORAL SPRINGS, FL.</i> | City & State<br><i>CORAL SPRINGS FL.</i> | 4. FEI Number<br><b>65-0545516</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><i>33076</i>                       | Country<br><i>FLORIDA</i>                | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent  
**BENEDON, STEVEN S**  
**10720 N.W. 55TH PLACE**  
**CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b>                                    |
| 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 \_\_\_\_\_ (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<br>C  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BENEDON, IRV</b>                       |                                 | NAME  |   |
| STREET ADDRESS<br><b>16049 LOMOND HILLS TRAIL</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>DELRAY FL 33446</b>             |                                 | CITY-ST-ZIP   |   |
| TITLE<br>P  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BENEDON, STEVEN</b>                    |                                 | NAME  |   |
| STREET ADDRESS<br><b>10720 NW 55TH PL.</b>        |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>CORAL SPRINGS FL</b>            |                                 | CITY-ST-ZIP   |   |
| TITLE<br>S  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BENEDON, LINDA</b>                     |                                 | NAME  |   |
| STREET ADDRESS<br><b>10720 NW 55TH PL.</b>        |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>CORAL SPRINGS FL</b>            |                                 | CITY-ST-ZIP   |   |
| TITLE<br>T  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BENEDON, ROSALIND</b>                  |                                 | NAME  |   |
| STREET ADDRESS<br><b>16049 LOMOND HILLS TRAIL</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>DELRAY FL 33446</b>             |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS                                    |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                       |                                 | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | NAME  |   |
| STREET ADDRESS                                    |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                                       |                                 | 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: *Steven S. Benedon* **STEVEN S. BENEDON** Date *4/26/00* Daytime Phone # *984-785-0083*