

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021216

1. Entity Name

FALO AUTO SALES, INC.

Principal Place of Business

3150 S HWY 17-92
CASSELBERRY FL 32707

Mailing Address

P O BOX 195395
WINTER SPRINGS FL 32719-5395

2. Principal Place of Business

3. Mailing Address

P.O. Box 195395

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs, FL

Zip

Country

Zip

Country

32719-5395

4. FEI Number

59-3296864

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

ISERN, RAYMOND
3397 BUFFAM PLACE
CASSELBERRY FL 32707

Name

IsERN Raymond

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

ct. # 609

CASA PARK VILLAS

City

Winter Springs FL

Zip Code

32708

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.

5395

SIGNATURE

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

(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	P	<input type="checkbox"/> Delete
NAME	ISERN, RAYMOND	
STREET ADDRESS	P.O. BOX 3628 N/A	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ISERN, RAFAEL	
STREET ADDRESS	P.O. BOX 3628 N/A	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVILA, IVONNE	
STREET ADDRESS	P.O. BOX 3628 N/A	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Raymond IsERN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 195395	
STREET ADDRESS	Winter Springs, FL	
CITY-ST-ZIP	32719-5395	
TITLE	Rafael IsERN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 195395	
STREET ADDRESS	Winter Springs, FL	
CITY-ST-ZIP	32719-5395	
TITLE	Donna, Ivonne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 195395	
STREET ADDRESS	Winter Springs, FL	
CITY-ST-ZIP	32719-5395	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ISERN, RAFAEL V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 407-359-5424

Date

Daytime Phone #

CR2F034 (9/99)