

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

02-09-2000 90044 050 \*\*\*150.00

**DOCUMENT # P95000053637**

1. Entity Name

**MUFFLERS 4 LESS II, INC.**

Principal Place of Business

Mailing Address

460 S STATE RD 7  
 HOLLYWOOD FL 33023

460 S STATE RD 7  
 HOLLYWOOD FL 33023-6720

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

**65-0593854**

Applied For

Not Applied

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TABRAUE, JONATHAN**  
**14007 LAKE LURE CT.**  
**MIAMI LAKES FL 33014**

Name

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

City

**FL**

Zip Code

B. 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: 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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **DP**  
 STREET ADDRESS **TABRAUE, JONATHAN**  
 CITY-ST-ZIP **14007 LAKE LURE CT. MIAMI LAKES FL 33014**

TITLE  Change   
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVST**  
 STREET ADDRESS **TABRAUE, MELANIE**  
 CITY-ST-ZIP **14007 LAKE LURE CT. MIAMI LAKES FL 33014**

TITLE  Change   
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change   
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TITLE  Change   
 NAME  
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Melanie Tabraue / Melanie Tabraue Date: 2/2/00 (954) 983-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #