

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071761

1. Entity Name

CARDINAL AUTO SALES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90106 007 ***150.00

Principal Place of Business

Mailing Address

851 HYPOLUXO RD
LANTANA FL 33462
US

851 HYPOLUXO RD
LANTANA FL 33462
US

2. Principal Place of Business

851 Hypoluxo Rd, LANTANA, FL 33462

3. Mailing Address

4201 S. OCEAN BLVD, South Palm Bch, FL 33480 (#I-7)

City & State

LANTANA, FL

City & State

South Palm Beach

4. FEI Number

65-0609426

Applied For

Not Applicable

Zip

33462

Country

Palm Beach

Zip

33480

Country

Palm Beach

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

SCHONE, LARRY
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483

Name

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

City

FL

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

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

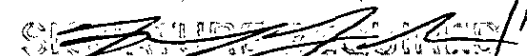
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	☐ Delete
NAME	LOFASO, FRANK CARL	
STREET ADDRESS	652 CASTILLA LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	☐ Delete
NAME	LOFASO, FRANK CARL	
STREET ADDRESS	652 CASTILLA LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK CARL LOFASO

4/16/2000

561-547-9696

Date

Daytime Phone #

CR2E034 (9/99)