2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90106 007 ***150.00

DOCUMENT # P95000071761

1. Entity Name

CARDINAL AUTO SALES, INC.

Principal Place of Business	Mailing Address
851 HYPOLVXO RD LANTANA FL 33462 US	851 HYPOLVXO RD LANTANA FL 33462 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
851 HypoLuxo Rd, LANTANA, FL 33462		4201 S. OCEAN BLVD, South Palm Bch FL 33480 (#I-7)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. (#I-7)	
City & State: LANTANA, FL.		City & State: South Palm Beach	
Zip: 33462	Country: Palm Beach	Zip: 33480	Country: Palm Beach

4. FEI Number 65-0609426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

CR2E034 (9/99)

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] / FRANK CARL LOFASO (PRESIDENT) 4/16/2000 561-547-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #