

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90084 033 ***150.00

DOCUMENT # P95000071938

1. Entity Name

ACTION AUTO TRANSPORT, INC.

Principal Place of Business

**4650 SW 51 ST.
 BAY 718
 DAVIE FL 33314**

Mailing Address

**4401 SW 77TH AVE.
 DAVIE FL 33328**

2. Principal Place of Business

3. Mailing Address

4650 SW 51 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY 718

City & State

DAVIE FL

Zip

Country

Zip

Country

33314

4. FEI Number **65-0607230**

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

**VIENS, ANDRE
 4401 SW 77TH AVE
 DAVIE FL 33328**

Name **BRUNET, CLAUDE**

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

625 OAKS DR #908

City **Pompano Beach**

FL

Zip Code **33069**

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 **BRUNET, CLAUDE**

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

(NOTE: Registered Agent's signature required when reinstating)

4-24-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VP VIENS, ANDRE 4401 SW 77TH AVE. DAVIE FL 33328	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR BRUNET, CLAUDE 4325 WASHINGTON ST HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, MAURICIO 9356 TALWAY CR BOYTON BEACH FL 33437	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	625 OAKS DR #908 Pompano Beach FL 33069	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

4-24-01

Date

800-355-4514

Daytime Phone #

CR2E034 (10/00)