

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000078545**

1. Entity Name

PREMIER AUTOMOTIVE SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90092 035 ***150.00

Principal Place of Business

5524 S. FLAMINGO ROAD
COOPER CITY FL 33330
US

Mailing Address

5524 S. FLAMINGO ROAD
COOPER CITY FL 33330-2728
US

2. Principal Place of Business

5524 S. Flamingo Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, FL

City & State

Zip

33330

Country

US

Country

4. FEI Number

65-0624206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIMAN, M. SCOTT
7320 GRIFFIN ROAD
DAVIE FL 33314

7. Name and Address of New Registered Agent

Name **KLEIMAN, M. SCOTT**

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

7320 Griffin Road

Suite 109

City

DAVIE

FL

Zip Code

33314

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	MANN, DAVID M	
STREET ADDRESS	3524 S. FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANN, JUDITH L.	
STREET ADDRESS	5525 S. FLAMINGO ROAD	
CITY-ST-ZIP	COOPER CITY FL	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, DAVID M	
STREET ADDRESS	5524 S. Flamingo Road	
CITY-ST-ZIP	Cooper City, FL	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, Judith L.	
STREET ADDRESS	5524 S. Flamingo Road	
CITY-ST-ZIP	Cooper City, FL	
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		
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 the 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:

DAVID M. MANN

Date

Daytime Phone #

3-3-00 954-680-6000

CR2E034 (9/99)