

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90070 001 ***150.00

DOCUMENT # P96000007917



1. Entity Name
R. L. AUTO ASSOCIATES, INC.

Principal Place of Business
**5040 S UNIVERSITY DR
DAVIE FL 33328
US**

Mailing Address
**9720 PINES BLVD.
PEMBROKE PINES FL 33024-6228
US**



2. Principal Place of Business
5981 Funston St #B-4

Suite, Apt. #, etc.
#B-4

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Holly Wood FL 1A

Zip
33023

Country
USA

City & State

Zip

Country

4. FEI Number **65-0637263**

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

**LEVY, RONNY G
5040 S UNIVERSITY DR
DAVIE FL 33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LEVY, RONNY G 5040 S UNIVERSITY DR DAVIE FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** _____ Date **A-30-03** Daytime Phone # **954-410-2587**

CFR2E034 (10/02)