

2000 UNIFORM BUSINESS REPORT (UBR)

3/2/00-90005-006-\$150.00-\$150.00

DOCUMENT # P96000014462

1. Entity Name

A UNIQUE INT'L AUTO SERVICE, CORP.

Principal Place of Business

Mailing Address

1916 N.W. 54 AVENUE
MARGATE FL 33063

1922 NW 54TH AVE
MARGATE FL 33063-3701

FILED

00 MAR 22 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4900 NW 15th STREET

4900 NW 15th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4490

#4490

City & State

City & State

MARGATE FL

MARGATE FL

Zip

Zip

33063

33063

Country

Country

FLORIDA

FLORIDA

4. FEI Number

65-0644592

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

CARNEIRO, FRANCISCO A
1916 N.W. 54 AVENUE
MARGATE FL 33063

RACHEL

Name

RACHEL MARCHON

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

4900 NW 15th STREET

#4490

City

MARGATE

FL

Zip Code

33063

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

Rachel C. Marchon

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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 D
NAME CARNEIRO, FRANCISCO A
STREET ADDRESS 1922 NW 54TH AVE
CITY-ST-ZIP MARGATE FL ☒ Delete

TITLE D
NAME MARCHON, RACHEL C
STREET ADDRESS 1922 NW 54TH AVE
CITY-ST-ZIP MARGATE FL ☐ 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 ☐ Change ☐ Addition

TITLE
NAME 4900 NW 15th ST
STREET ADDRESS MARGATE FL 33063 ☒ 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:

Rachel C. Marchon

2/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)