

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 013 ***150.00

DOCUMENT # **P96000015483**

1. Entity Name **White Glove Auto Reconditioning & Sales Inc.**

D/B/A Mercedes South

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1441 SW 10th Ave

Suite, Apt. #, etc.

#204

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Address

22045 Acapulco Ct.

Suite, Apt. #, etc.

Boca

City & State

Boca Raton, FL

Zip

33428

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0644761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ronald Kelly Staso

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

22045 Acapulco Ct.

City **Boca Raton**

FL

Zip Code

33428

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

Kelly Staso

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$650.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
Owner / President	Ronald A. Staso	22045 Acapulco Ct.	Boca Raton, FL 33428
Owner / V.P.	Kelly Staso	22045 Acapulco Ct.	Boca Raton, FL 33428

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly Staso

V.P.

4/11/02

561-883-5467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #