

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000034006**

1. Entity Name:

FLORIDA AUTOMOTIVE WAREHOUSE, CORP.

FILED
SECRETARY OF STATE
MAY 7 2001

01 MAY -7 PM 4:02

Principal Place of Business

Mailing Address

**5730 S.W. 25 STREET
HOLLYWOOD - FL. 33023**

2. Principal Place of Business

3. Mailing Address

6163 MIAMI LAKES DR E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

4. FEI Number

65-0682866

Applied For

Not Applicable

Zip

Country

Zip

33014

Country

MIAMI DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VEGA, REYNALDO
6163 MIAMI LAKES DR. E.
MIAMI LAKES, FL. 33014**

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.

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!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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**\$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
**DP
VEGA, REYNALDO
6163 MIAMI LAKES DR. E
MIAMI LAKES, FL. 33014**

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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 I am the officer or director of the corporation or the receiver or trustee empowered to execute this report. If changed, on an attachment with an address, with all other like empowered.

signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 (305) 823-9292

CR2034 (11/00)