

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000072789**

1. Entity Name

HEADQUARTER LINCOLN-MERCURY, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90100 010 ***150.00

Principal Place of Business

**5825 NW 167 STREET
MIAMI LAKES FL 33015**

Mailing Address

**5825 NW 167 STREET
MIAMI LAKES FL 33015**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0691433**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****00011891**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LYNCH, PHILIP D
5825 N.W. 167TH STREET
MIAMI LAKES FL 33015****7. Name and Address of New Registered Agent**

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!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ESTEVE, JERONIMO M 5895 NW 167 STREET MIAMI LAKES FL 33015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ESTEVE, YAZMIN 5895 NW 167 STREET MIAMI LAKES FL 33015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODINA, ARMANDO 151 PALOMA DRIVE CORAL GABLES FL 33156	☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)