2001 UNIFORM BUSI			· Ox
DOCUMENT # P96 0600 797 78  1. Entity Name  NICL'S AUTO SAGES, FAC.			01 NOV -1 PM 1:43
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		200 NOT WRITIN BR
City & State	City & State		4. FEI Number Applied For
Zip Country	Zip ·	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current R		Name	7. Name and Address of New Registered Agent
NICHOLAS GRANTEE!	<b>)</b>		s (P.O. Box Number is Not Acceptable)
348 NW. 1074 AC	re.	Officer read and	(F.O. BOX NUMBER IN THE PROPERTY OF
Pémbroké Pinés, A	93026	City	FL Zip Code
8. The above named entity submits this statement for the	the purpose of changing its		
My Son Hander	5	· <b>g</b> ··	
SIGNATURE Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	E: Registered Agent signature require	x 10/34/01  red when reinstating) DM€
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)	After MAY 1, 200	!!! FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of St	
11. OFFICERS AND D	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS S	3 Ace. 5 FL. 33026	NAME STREET ADDRESS	Change   Addition   CMSE   Addition   CMSE   Addition   CMSE   Addition   CMSE   CMS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000045952458 -11/27/0101053008 *****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated on this report or supplemental report is to fi the corporation or the repelver or trustee empovenanged, or on an attachment with an address, with SIGNATURE:	true and accurate and that n wered to execute this report	my signature snall have the t as required by Chapter 60 l.	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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## NICK'S AUTO SALES, INC. 3553 N. STATE ROAD 7 HOLLYWOOD, FL 33021 (954)-214-5752

OCTOBER 24, 2001

FLORIDA DEPT. OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: NICK'S AUTO SALES, INC. DOC# P96000079748

DEAR SIR:

ATTACHED IS THE UNIFORM BUSINESS REPORT FOR 2001. WE DID NOT RECEIVE THE ORIGINAL THAT WAS MAILED OUT EARLIER THIS YEAR. PLEASE WAIVE THE LATE FEE AS WE WERE NOT AWARE UNTIL LATER IN THE YEAR THAT THE REPORT HAD NOT BEEN RECEIVED AND FILED.

THANK YOU IN ADVANCE FOR YOUR COURTESY CONCERNING THIS MATTER.

SINCERELY,

NICHOLAS GRANTEED
Viffor Liartus