

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080485

1. Entity Name

GEM AUTO TRUCK SALES, INC.

Principal Place of Business

1100 SE 24TH ST
FORT LAUDERDALE FL 33316
US

Mailing Address

PO BOX 21785
FORT LAUDERDALE FL 33335-1785
US

2. Principal Place of Business

2920 SW 4TH AVE

3. Mailing Address

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FLA

Zip

Country

33315

USA

Zip

Country

4. FEI Number

65-0699705

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

Name

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

City

FL

Zip Code

NOLAN, JAMES T

~~3900 SOUTHEAST 11TH AVENUE~~

~~SUITE C~~

~~FORT LAUDERDALE FL 33315~~

5532 PARK RD
FT LAUDERDALE, FL
33312

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

James T Nolan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-00

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	P	<input type="checkbox"/> Delete
NAME	JAMES T NOLAN	
STREET ADDRESS	5532 PARK RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James T Nolan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-00

Date

954 7670856

Daytime Phone #

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90019 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)