

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091954

1. Entity Name

HUBCAPS & WHEELS OF SOUTH FLORIDA, INC.

Principal Place of Business

4161 N SR 7
HOLLYWOOD FL 33021
US

Mailing Address

STATE
4161 N STAR RD 7
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0699953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, RAYMOND S
1417 JACKSON ST
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Michael A. Sullivan

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

11061 N.W. 16th Street

City

Pembroke Pines

FL

Zip Code

33026

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

M.A. Sullivan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MA SULLIVAN
PRES

1/28/00

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

| | | |
|----------------|----------------------|--------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | PIERCE, RAYMOND S | |
| STREET ADDRESS | 1417 JACKSON ST | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | PIERCE, JENNY S | |
| STREET ADDRESS | 1417 JACKSON ST | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | VANTASSEL, CHARLES A | |
| STREET ADDRESS | 9741 SW 124TH CT | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|-------------------------------------------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Michael A. Sullivan | |
| STREET ADDRESS | 11061 N.W. 16th Street | |
| CITY-ST-ZIP | Pembroke Pines, FL 33026 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

M.A. Sullivan MA SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00 954 874 1800

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90119 023 ***150.00

709178



DO NOT WRITE IN THIS SPACE