

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095054

1. Entity Name

CAPITAL MOTORS OF ORLANDO INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90093 031 ***150.00

Principal Place of Business

3101 MCCOY RD
 ORLANDO FL 32812
 US

Mailing Address

3101 MCCOY RD
 ORLANDO FL 32812-4857
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3417202**

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

MALDONADO, MAYRA
 8706 FORT SHEA AVE.
 ORLANDO FL 32822

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, 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	S	<input type="checkbox"/> Delete
NAME	GARIP, MOISES	
STREET ADDRESS	3101 MCCOY RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALDONADO, MAYRA	
STREET ADDRESS	870 FORT SHEA AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GARIP, MOISES J	
STREET ADDRESS	3904 ATRIUM DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **SIGNATURE REQUIRED** 4/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 438 9700

CR2E034 (9/99)