

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102047

1. Entity Name

LYONS AUTOMOTIVE WAREHOUSE, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90166 033 ***150.00

Principal Place of Business

Mailing Address

2521 NW 17TH LANE
SUITE 3
POMPANO BEACH FL 33064
US

2521 NW 17TH LANE
SUITE 3
POMPANO BEACH FL 33064-1532
US

2. Principal Place of Business

3. Mailing Address

750 EAST SAMPLE RD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLOG 6 BAY 10

City & State

City & State

POMPANO BEACH, FL

Zip

Country

Zip

Country

33064

BROWARD

4. FEI Number

65-0714800

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

BENEDON, STEVEN S
2521 NW 17TH LANE, SUITE 3
POMPANO BEACH FL 33064

Name

RICHARD FUNGAROLI

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

4502 NW 5 AVE

City

BOCA RATON

FL

Zip Code

33413

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)

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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 NAME STREET ADDRESS CITY-ST-ZIP	P BENEDON, STEVEN S 10720 NW 55TH PL CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUNGAROLI, RICHARD 4502 NW 5TH AVE BOCA RATON FL 33413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/24/00

Date

954-788-0203

Daytime Phone #

CR2E034 (9/99)