

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032136

1. Entity Name

CCL AUTOMOTIVE, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90084 041 ***150.00

Principal Place of Business

Mailing Address

CCL AUTO INC. DBA FOREIGN CAR OF HOLLYWOOD
1914 N DIXIE HWY
HOLLYWOOD FL 33020
US

CCL AUTO INC DBA FOREIGN CAR OF HOLLYWOOD
1914 N DIXIE HWY
HOLLYWOOD FL 33020-2340
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0742340

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARDSON, GEX F ESQ.
1935 NE 4TH AVE.
FORT LAUDERDALE FL 33305

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 P
NAME LANCASTER, CORBIN - PRESIDENT ☐ Delete
STREET ADDRESS ~~1040 CORAL GARDENS DR~~ MOVED-NEW ADD
CITY-ST-ZIP WILTON MANORS FL 33306

TITLE
NAME LANCASTER, CORBIN ☐ Change ☐ Addition
STREET ADDRESS 3100 N OCEAN BLVD #604
CITY-ST-ZIP FT. LAUD. FLA. 33308

TITLE VP
NAME LANCASTER, CINDI ☐ Delete
STREET ADDRESS 1940 CORAL GARDENS DR
CITY-ST-ZIP WILTON MANORS FL 33306 DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE

CORBIN LANCASTER PRESIDENT 3/10/00 (954) 922-0715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)