

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063481

1. Entity Name

AUTOMOTIVE MANAGEMENT CONSULTANTS, USA, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90006 020 ***158.75

Principal Place of Business

2435 US 19 N
#670
HOLIDAY FL 34691

Mailing Address

11807 LITTLE ROAD
NEW PORT RICHEY FL 34654-1012

2. Principal Place of Business

11807 Little Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

4. FEI Number

59-3484629

Applied For

Not Applicable

Zip

34654

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

~~WARREN, RICHARD~~
~~2435 US 19 N~~
~~#670~~
~~HOLIDAY FL 34691~~

Name
Thin Nguyen

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

8105 Montock Ct

City

New Port Richey

FL

Zip Code

34655

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

T
WARREN, RICHARD
1324 7 SPRINGS BLVD MSC#200
NEW PORT RICHEY FL 34655 ☒ Delete

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

V
NGUYEN, THIN
8105 MONTOCK CT
NEW PORT RICHEY FL 34655 ☐ Delete

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

P
GUGLIELMO, JOSEPH
4353.BRONCET CT-
HUDSON FL 34657 ☐ Delete

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

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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000

(727)697-0033

Date

Daytime Phone #

CR2E034 (9/99)