

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90087 031 ***150.00

140000



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000074647

1. Entity Name
AUTOCENTRAL USA, INC.

Principal Place of Business

2215 NW 36TH STREET
MIAMI FL 33142

Mailing Address

2215 NW 36TH STREET
MIAMI FL 33142-5357

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 **65-0777456**

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

DUPUY, EVALDO F
444 BRICKELL
SUITE 805
MIAMI FL 33131

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, E H	
STREET ADDRESS	552 CASSAT AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GAMWELL, TIMOTHY B	
STREET ADDRESS	2215 NW 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPUY, EVALDO F	
STREET ADDRESS	444 BRICKELL AVENUE #805	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELLEY, MICHAEL	
STREET ADDRESS	25833 S.W. 14TH COURT	
CITY-ST-ZIP	PRMBROKE PINES FL 33027	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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:

Tim Gamwell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 305-638-2010

CR2E034 (9/99)