

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074647

1. Entity Name  
AUTOCENTRAL USA, INC.

Principal Place of Business  
2215 N.W. 36TH STREET  
MIAMI FL 33142

Mailing Address  
2215 N.W. 36TH STREET  
MIAMI FL 33142

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

Name Norman L. Madan  
Street Address (P.O. Box Number is Not Acceptable) 2215 N.W. 36TH ST.  
City MIAMI FL Zip Code 33142

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 *Norm L Madan*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10 28 01

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, 2001 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

TITLE DST  
NAME GAMWELL, TIMOTHY B  
STREET ADDRESS 2215 NW 36TH STREET  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE D  
NAME DUPUY, EVALDO F  
STREET ADDRESS 444 BIRCKELL AVENUE #805  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

4/22/01 305-638-2010  
Date Daytime Phone #

05-11-2001 90120 029 \*\*\*150.00  
FILE P97000074647  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
01 Nov 15 AM 10:28



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)

## **AUTOCENTRAL USA, INC.**

October 25, 2001

Mr. Sean Toner  
Senior Section Administrator  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

Enclosed please find the completed form for the registered agent for Autocentral.

We are requesting that you waive the \$600.00 reactivation fee. The notice informing us of the administrative dissolution was sent to a wrong address.

Thank you for your consideration.

Sincerely,



Tim Gamwell