2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106860

1. Entity Name

JAI'S USED AUTO SALES, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State
06-03-2000 90001 015 ***150.00

Principal Place of Business	Mailing Address
825 NW 8TH AVE FORT LAUDERDALE FL 33311 US	825 NW 8TH AVE FORT LAUDERDALE FL 33311-7205 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
825 N.W 8th AVENUE	825 N.W. 8th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE FL.
Zip: 33311 Country: BROWARD	Zip: 33311 Country: BROWARD

4. FEI Number 65-0778429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, PAUL B
767 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: STEINBERG, PAUL B.
Street Address (P.O. Box Number is Not Acceptable): 767 ARTHUR GODFREY RD.
City: MIAMI BEACH FL Zip Code: 33

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAM, JAIRAM		NAME	
STREET ADDRESS	825 NW 8TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAM, DAMYANTEE E		NAME	
STREET ADDRESS	825 NW 8TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: K. J. Ram REQUIRED — 4/20/2000 (954) 268-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #