## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P98000012704

1. Entity Name

DIXIE AUTO SALES OF SOUTH FLORIDA, INC.

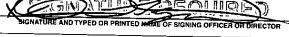


## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90191 008 \*\*\*150.00

Principal Place of Business 1108 N. STATE RD 7 HOLLYWOOD FL 33021		Mailing Address 1108 N. STATE RD 7 HOLLYWOOD FL 33021			1 <b>3</b> 111 <b>26</b> 111 <b>32</b> 111 <b>2</b> 1	11 <b>0</b> 0 1200 31012 101	T)		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 65-0813818			Applied For	
Zip	Country	Zip	Country	у	5. Certificate of Status Des		\$8.75 A	Not Applicable	
	6. Name and Address of Cur	rent Registered Agent	egistered Agent		Certificate of Status Desired				
				Name	7. Name and Address of F				
	, DIANNE					<u> </u>			
1108 N S				Street Address (	P.O. Box Number is Not Acce	otable)			
HULLYWO	OOD FL 33021				<u> </u>			·	
				City		F	Zip Co		
8. The above	named entity submits this stateme tions of registered agent.	nt for the purpose of changing i	its registered	office or register	ed agent, or both, in the State	of Florida Lar	n familiar with	and secont	
ine obliga	tions of registered agent.		-	-9		orrionaa. ran	ıı talınıllar witn	і, апо ассерт	
SIGNATURE	Cimpo								
	Signature, typed or printed name of registered a	gent and title if applicable. (NC	DTE: Registered Ag	gent signature required	when reinstating)	DATE		<u> </u>	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. c Payable to Florida Departmen	00 et of State			9. Election Campaiç Trust Fund Contri	an Financing bution.	\$5.0 Adde	00 May Be ed to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	<u> </u>	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	20 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GUZMAN, DIANNE 1108 N SR 7 HOLLYWOOD FL 33021	Delete	TITLE NAME STREET A CITY-ST-	P.		OTTO ETTO ATT	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI				☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	and the second s	Detete	TITLE NAME STREET AL CITY-ST-	DDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	ľ			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	artify that the information supplied w	□ Delete	TITLE NAME STREET ADO CITY-ST-ZI				Change	Addition	

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 10 or Block 11 if

SIGNATURE: \_



Daytime Phone #