

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000013284**

1. Entity Name

Broward select Truck Sales

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90001 019 ***150.00

Principal Place of Business

1800 S. ST Rd 7
Miramar FL 33023

Mailing Address

1800 S. ST Rd 7
Miramar, FL 33023

2. Principal Place of Business

1800 S. ST Rd 7
Suite, Apt. #, etc.

3. Mailing Address

1800 S. ST Rd 7
Suite, Apt. #, etc.

80027782

DO NOT WRITE IN THIS SPACE

City & State
Miramar FL
Zip
33023 Country
USA

City & State
Miramar FL
Zip
33023 Country
USA

4. FEI Number

65-0807776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Jose Rubio
217 ATLANTIC AVE
Sunny Isles, Miami Beach 33162

7. Name and Address of New Registered Agent

Name **Jose Rubio**
Street Address (P.O. Box Number is Not Acceptable)
217 ATLANTIC AVE
3
City **Sunny Isles, MB FL** Zip Code **33162**

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | President Secretary | <input type="checkbox"/> Delete |
| NAME | Joe Rubio | |
| STREET ADDRESS | 217 ATLANTIC AVE | |
| CITY-ST-ZIP | Sunny Isles, MB 33162 | |
| TITLE | Vice-President | <input type="checkbox"/> Delete |
| NAME | Marcos Amigbal | |
| STREET ADDRESS | 11328 SW 65T | |
| CITY-ST-ZIP | Miami FL 33174 | |
| TITLE | Director Treasurer | <input type="checkbox"/> Delete |
| NAME | Marcos Amigbal | |
| STREET ADDRESS | 11328 SW 65T | |
| CITY-ST-ZIP | Miami FL 33174 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 | | |
| 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 | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-00

CR2E034 (9/99)