

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020231

1. Entity Name

BETTER BUY AUTO SALES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90055 023 ***150.00

Principal Place of Business

Mailing Address

~~9350 SOUTH DIXIE HIGHWAY~~
~~SUITE 1550~~
~~MIAMI FL 33156~~
US

~~9350 SOUTH DIXIE HIGHWAY~~
~~SUITE 1550~~
~~MIAMI FL 33156-2044~~
US

2. Principal Place of Business

5524 FOURTEENTH ST. WEST

3. Mailing Address

5524 FOURTEENTH ST. WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

65-0952318

Applied For

Not Applicable

Zip

34207

Country

USA

Zip

34207

Country

USA

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

~~LIPSON, GARY D~~
~~9350 SOUTH DIXIE HIGHWAY~~
~~SUITE 1550~~
~~MIAMI FL 33156~~

Name
MICHAEL V. HARLAN

Street Address (P.O. Box Number is Not Acceptable)

5524 FOURTEENTH STREET WEST

City
BRADENTON

FL

Zip Code
34207

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature] 3-27-00

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 NAME STREET ADDRESS CITY-ST-ZIP	P. LIPSON, GARY D 9350 SOUTH DIXIE HIGHWAY #1550 MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. MICHAEL V. HARLAN 5524 FOURTEENTH STREET WEST BRADENTON, FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN HARLAN 5524 FOURTEENTH STREET WEST BRADENTON, FL 34207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-756-9591

CR2E034 (9/99)