

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026132

1. Entity Name

ABC AUTO SERVICE, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90322 045 \*\*\*150.00

Principal Place of Business

737 N. ANDREWS AVENUE  
FT LAUDERDALE FL 33311

Mailing Address

737 N. ANDREWS AVENUE  
FT LAUDERDALE FL 33311

2. Principal Place of Business

921 N. Andrews Ave.

3. Mailing Address

921 N. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

4. FEI Number 65-0825736

Applied For

Not Applicable

Zip

Country

33311

Broward

Zip

Country

33311

Broward

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

SIMEONE, RONALD  
737 N. ANDREWS AVENUE  
FT LAUDERDALE FL 33311

Name Ronald Simeone

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

3800 GALT Ocean Dr. #1611

City Ft. Lauderdale

FL

Zip Code 33308

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.

Address Change

SIGNATURE

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

Ronald Simeone

(NOTE: Registered Agent signature required when reinstating)

4-23-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SIMEONE, RONALD  
STREET ADDRESS 737 N. ANDREWS AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL 33311

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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

Ronald Simeone

Date

4-23-01

Daytime Phone #

954-763-1825

CR2E034 (10/00)