

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026134

1. Entity Name

DEF AUTO SERVICE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90426 027 ***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
Suite, Apt. #, etc.

3. Mailing Address

921 N. Andrews Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Lauderdale, FL.

City & State

FT. Lauderdale, FL

4. FEI Number

65-0821538

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33311

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Ronald Simeone

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

3800 GAITHER OCEAN DR. #1611

City

FT. Lauderdale

FL

Zip Code

33311

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]

Ronald Simeone

4-23-01

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, 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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] Ronald Simeone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-01

Daytime Phone #

054-763-1825

CR2E034 (10/00)