

2001 UNIFORM BUSINESS REPORT (U)

DOCUMENT # P98000026206

1. Entity Name

GHI AUTO SERVICE, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90062 018 ***150.00

Principal Place of Business

737 N ANDREWS AVE
FORT LAUDERDALE FL 33311

Mailing Address

737 N ANDREWS AVE
FORT 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

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0821540

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 AVE
FORT LAUDERDALE FL 33311

Name

Ronald Simeone

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

3800 Gulf Ocean Dr. #1611

City

Fort 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.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Ronald Simeone

4-23-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D SIMEONE, RONALD 737 N ANDREWS AVE FORT LAUDERDALE FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Simeone

4-23-01

Date

954.763-1805

Daytime Phone #

CR2E034 (10/00)