

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029809

1. Entity Name

SIDONIE'S AUTO SALON INC.

R

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 023 ***150.00

Principal Place of Business

~~3083 NW 26TH ST~~
LAUDERDALE LAKES FL 33311

1842 NW 38th Ave Bay 19
Lauderhill, FL 33313

Mailing Address

~~3083 NW 26TH ST~~
LAUDERDALE LAKES FL 33311

1842 NW 38th Ave Bay 19
Lauderhill, FL 33313

00010060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821849

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ELLIOTT, DERRICK H

~~3083 NW 26TH ST~~

LAUDERDALE LAKES FL 33311

1842 NW 38th AVE
Lauderhill, FL
33313

Name

~~BOY 19~~

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME P
STREET ADDRESS ELLIOTT, DESMOND H
CITY-ST-ZIP 491 NW 44TH AVE
PLANTATION FL 33317

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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TITLE ☐ Change ☐ Addition
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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

9/13/00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

P98000029809

9/13/00

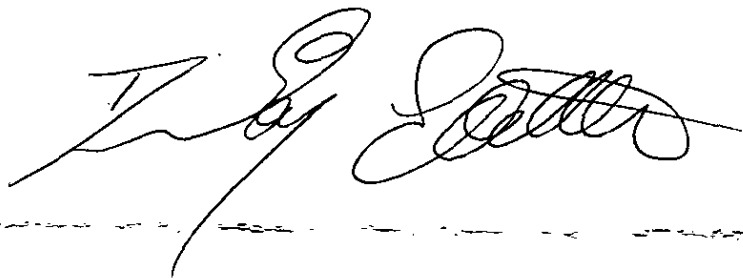
A0078828

To Whom it may Concern

Please accept my \$150.00
check for payment on my 2000
Uniform BUSINESS Report since
my address has changed and

I did not receive the
first notice. Thank you for your
consideration in this matter.

Sincerely,



DERRICK H. ELLIOTT ~~President~~