

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90177 009 ***150.00

DOCUMENT # P98000046640

1. Entity Name

103 PALMETTO AUTO CENTER, INC.

Principal Place of Business

**7701 NW 103 ST.
 HIALEAH GARDENS FL 33012**

Mailing Address

**13935 NW 1ST AVE.
 MIAMI FL 33168**

2. Principal Place of Business

7701 N.W. 103 St.

3. Mailing Address

7701 N.W. 103 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH GARDENS, FL

City & State

HIALEAH GARDENS, FL

4. FEI Number

65-0844763

Applied For

Not Applicable

Zip

33016

Country

FL. USA

Zip

33016

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PBA FINANCIAL SERVICES CORP.
 13935 NW 1ST AVE.
 MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

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 \$150.00

After May 1, 2002 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 **PD** ☐ Delete
 NAME **COTO, DAYMERI**
 STREET ADDRESS **3955 W 11 AVE.**
 CITY-ST-ZIP **HIALEAH FL 33012**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **COTO, DAYNER**
 STREET ADDRESS **3955 W 11 AVE**
 CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Daymeri Coto Pres. 1/4/02 305-688-9694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)