

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056468

1. Entity Name

EXCLUSIVE SUPER AUTO, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90130 022 ***150.00

Principal Place of Business

Mailing Address

112-49 NW 27TH AVE
MIAMI FL 33167

~~112-49 NW 27TH AVE~~
~~MIAMI FL 33167-3415~~

2. Principal Place of Business

3. Mailing Address

PO Box 823822

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

South FL FL 33082

4. FEI Number

65-0852236

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

CAMPO, AMPARO
112-49 NW 27TH AVE
MIAMI FL 33167

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

03-30-00

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, 2000 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 P
NAME CAMPO, AMPARO
STREET ADDRESS 112-49 NW 27TH AVE
CITY-ST-ZIP MIAMI FL 33167 ☐ Delete

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

TITLE
NAME Mail Address
STREET ADDRESS Amparo Campo
CITY-ST-ZIP PO Box 823822
South Florida, FL 33082 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-00

Date

Daytime Phone #

CR2E034 (9/99)