

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90021 034 \*\*\*550.00

**DOCUMENT # P98000073516**

1. Entity Name

**ALL AMERICAN CARS, INC.**

LA

Principal Place of Business

**6750 ULMERTON ROAD  
 LARGO FL 33771**

Mailing Address

**6750 ULMERTON ROAD  
 LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3528517**

Applied For

Not Applicable

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

**ACCOUNTING & TAX HELP, INC.**

**8668 PARK BLVD STE A  
 SEMINOLE FL 33777**

Name

**DONALD ROTAN**

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

**109 3RD ST**

City

**BELLAIRE BCH**

**FL**

Zip Code

**33786**

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 of Donald Rotan]*

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 12, 2001 Fee 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 **PD**  
 STREET ADDRESS **ROATAN, J. DON**  
 CITY-ST-ZIP **109 3RD ST**  
**BELLAIRE BCH FL 33786**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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: X

*[Signature of Donald Rotan]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DON ROTAN**

Date

Daytime Phone #

**18 JULY '01 727-531-0000**

CR2E034 (5/01)