

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073550

1. Entity Name

DEALERS WHOLESALE SALVAGE, INC.

Principal Place of Business

4957 N.W. 77TH CT.
POMPANO BEACH FL 33073

Mailing Address

4957 N.W. 77TH CT.
POMPANO BEACH FL 33073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90169 035 ***150.00

LUUU6466



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0862114**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, SANDRA A
4957 N.W. 77TH CT.
POMPANO BEACH FL 33073

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

Sandra A. Smith

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, 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

TITLE	DT	<input type="checkbox"/> Delete
NAME	PERETZ, MEIR	
STREET ADDRESS	3850 N.E. 167TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, MICHAEL	
STREET ADDRESS	4957 N.W. 77TH CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SMITH, SANDRA	
STREET ADDRESS	4957 N.W. 77TH CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCWHORTER, MARC	
STREET ADDRESS	601 N.W. 43RD AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra A. Smith Sandra A. Smith Sec. 1-10-01 954428-1953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0139049

CR2E034 (10/00)