

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90100 048 \*\*\*150.00

DOCUMENT # P98000099662

1. Entity Name  
**T AND A AUTO SALES, INC.**

Principal Place of Business

9825 RIDGECREEK RD.  
 BOCA RATON FL 33496

Mailing Address

9825 RIDGECREEK RD.  
 BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3548176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**FUCHS, LAWRENCE M**  
**590 ROYAL PALM BEACH BLVD**  
**ROYAL PALM BEACH FL 33411**

## 7. Name and Address of New Registered Agent

Name

**D**  
 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

T ☒ Delete  
 NAME ALONSO, MARIANO  
 STREET ADDRESS 9825 RIDGECREEK RD.  
 CITY-ST-ZIP BOCA RATON FL 33496

PD ☐ Delete  
 NAME ALONSO, LUIS M  
 STREET ADDRESS 9825 RIDGECREEK ROAD  
 CITY-ST-ZIP BOCA RATON FL 33496

S ☒ Delete  
 NAME ALONSO, PURA  
 STREET ADDRESS 9825 RIDGECREEK RD.  
 CITY-ST-ZIP BOCA RATON FL 33496

VD ☐ Delete  
 NAME ALONSON, JACQUELINE  
 STREET ADDRESS 9825 RIDGECREEK ROAD  
 CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

☒ Change ☐ Addition  
 NAME **VISIT/D**  
 STREET ADDRESS **Alonso, Jacqueline**  
 CITY-ST-ZIP **9825 Ridgescreek Road**  
**Boca Raton, FL 33496**

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

☐ 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 filing empowered.

SIGNATURE:

*Signature of Jacqueline Alonso*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-02 5614704940

CP2E034 (9/01)