

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000001396**

1. Entity Name

**FOREIGN MOTOR WORKS INC.****FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90222 030 \*\*\*150.00

Principal Place of Business

**4569 129TH AVE. NORTH  
ROYAL PALM BEACH FL 33411**

Mailing Address

**4569 129TH AVE. NORTH  
ROYAL PALM BEACH FL 33411-8952**

2. Principal Place of Business

**2730-C Westgate Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**2730-C Westgate Ave.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**West Palm Beach, FL**

City &amp; State

**West Palm Beach, FL**

4. FEI Number

**65-0895650**

Applied For

Not Applicable

Zip

**33409**

Country

**USA**

Zip

**33409**

Country

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

6. Name and Address of Current Registered Agent

**MEDINA, JOSE E  
4569 129TH AVE. NORTH  
ROYAL PALM BEACH FL 33411**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORTUNATO, FRANK 4569 129TH AVE. NORTH ROYAL PALM BEACH FL 33411</b>	<input checked="" type="checkbox"/> <b>XX</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEDINA, JOSE E 4569 129TH AVE. NORTH ROYAL PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2000

561-640-4130