

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90197 011 \*\*\*150.00

**DOCUMENT # P99000005912**  
 1. Entity Name  
**WEST DIXIE AUTO, INC.**

Principal Place of Business <b>15431 WEST DIXIE HIGHWAY, BAY #4 NORTH MIAMI BEACH FL 33162</b>	Mailing Address <b>15431 WEST DIXIE HIGHWAY, BAY #4 NORTH MIAMI BEACH FL 33162-6056</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number <b>65-0890529</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  
**LEVINE, ALAN W ESQ.  
 1110 BRICKELL AVENUE, 7TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **ORLANDO LEON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15431 WEST DIXIE HWY BAY 4**  
 City **MIAMI** FL Zip Code **33162**

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]* (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SCOTTO, THOMAS 15431 WEST DIXIE HIGHWAY, BAY #4 NORTH MIAMI BEACH FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ORLANDO LEON V.P. 15431 WEST DIXIE HWY Bay #4 MIAMI BEACH FL 33162</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)