

2000 UNIFORM BUSINESS REPORT (UBR)

87

FILED
Sep 19, 2000 8:00 am
Secretary of State

08-29-2000 90003 020 ***150.00

DOCUMENT # P99000012650

1. Entity Name
G.P. AUTO SERVICE, INC.

Principal Place of Business
**1140 WATERTOWER ROAD
 BAY 1
 LAKE PARK FL 33403**

Mailing Address
**1140 WATERTOWER ROAD
 BAY 1
 LAKE PARK FL 33403**

108504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
1140 WATERTOWER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
BAY = 1.

City & State

City & State
LAKE PARK

4. FEI Number

65-0982679

Applied For
 Not Applicable

Zip

Country

Zip

Country

FLA - 33403

5. Certificate of Status Desired -

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PHAM, GIOI
 801 HUMMINGBIRD WAY #205
 NORTH PALM BEACH FL 33408**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Gioi Pham - P
801 HUMMINGBIRD, WY #205, N.P.B.
FL - 33408

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Aug 23-00** Daytime Phone #

CPRE034 (5/00)