

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014382

1. Entity Name

HOLLYWOOD AUTO BROKERS, INC.  
DBA 441 Auto + TRUCK Sales INC.

Principal Place of Business

Mailing Address

520 S. DIXIE HIGHWAY  
HOLLYWOOD FL 33020

520 S. DIXIE HIGHWAY  
HOLLYWOOD FL 33317-6406

2. Principal Place of Business

3. Mailing Address

1590 S. State Rd 7

1590 S. STATE Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

FT. Lauderdale FL

Zip

33317

Country

USA

Zip

33317

Country

USA

6. Name and Address of Current Registered Agent

MASTRIANO, MARC A  
520 S. DIXIE HIGHWAY  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name MARC A. MASTRIANO

Street Address (P.O. Box Number is Not Acceptable)

1590 S. STATE Rd 7

City FT. Lauderdale

FL

Zip Code 33317

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 *Marc A. MASTRIANO* MARC A. MASTRIANO

1/29/00

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	D	<input type="checkbox"/> Delete
NAME	MASTRIANO, MARC A	
STREET ADDRESS	520 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTRIANO, PHILLIP A	
STREET ADDRESS	520 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOUCK, RICKY	
STREET ADDRESS	520 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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: *Marc A. MASTRIANO* MARC A. MASTRIANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-791-7727

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90012 023 \*\*\*150.00

110140



DO NOT WRITE IN THIS SPACE