

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018868 ✓

1. Entity Name

Premier Auto Brokers, Corp.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90068 017 ***150.00

Principal Place of Business

Mailing Address

7300 NW 27 Ave
Miami FL 33147.

New Address
713 NW 101st Miami FL 33150

2. Principal Place of Business

713 NW 101 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

05-53 06156.

Applied For

Not Applicable

Zip

Country

33150

USA.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Fortes, Lázaro.
2290 NW 91 Street
Miami, FL 33147

7. Name and Address of New Registered Agent

Name

Lázaro Fortes.

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

713 NW 101 Street.

City

Miami

FL

Zip Code

33150.

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	PD	<input type="checkbox"/> Delete
NAME	Lázaro Fortes	
STREET ADDRESS	713 NW 101 ST	
CITY-ST-ZIP	Miami FL 33150.	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Leslie Aguilar	
STREET ADDRESS	713 NW 101 ST	
CITY-ST-ZIP	Miami FL 33150	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noel Quintang	
STREET ADDRESS	245 W 60 ST.	
CITY-ST-ZIP	Mialeah FL 33012.	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)