## 2000 UNIFORM BUSINESS REPORT (UBR) DUMENT # \$ 990000 24034 FILED L+M AUTO CORP. 00 JUN 13 PH 12: 06 Principal Place of Business SECRETARY OF STATE Mailing Address TALLAHASSEE FLORIDA 5049~W103AUK 746 NW SH AVE CARL SREHES PL TI LAUDARDALE RL 3. Mailing Address 5049 NW103 746 NW 514 Suite, Apt. #, etc. Suite, Apt. #, etc Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD C. ROSS Street Address (P.O. Box Number is Not Acceptable) 5049 NW 103AUR CORAL SAROLS EL 33076 City 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 3.-This corporation is eligible to satisfy its Intangible - FILE NOWILL FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (12 KSTOKNIT TITLE TITLE Change ☐ Addition HYREAMOS MOPORES NAME NAME STREET ADDRESS 220 HEDRA HOWOW LA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3357h TITLE: Change نے مصنے معنے معنے Addition = NAME NAME HEDREN HOLLOW LA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delète TITLE Change ☐ Addition NAME STREET ADDRESS 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 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 off 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 1 or 1.5 cm.

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 19 of Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: 

A C DALO 

A C DALO 

ST-752-53-54

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ale Daytime Phon-



R & M Auto Corporation 5049 N.W. 103<sup>rd</sup>. Ave. Coral Springs, FL 33076 Ph: 954-752-5250

> Fax: 954-346-9428 Cp: 954-224-1465

June 7, 2000

Kristen Eckel
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL-32314

Reference: Letter No. 900A00030987

Following is our completed UBR Form from your letter dated June 1, 2000 which had not been previously received by us.

Per an earlier conversation with your office, we have a Credit Balance of \$ 150.00 which is in your system and can be applied to the Corporate Fee.

Please apply our Credit Balance of \$ 150.00 to this Years Corporate Fee.

Please contact me at any of the above numbers if you have any questions.

Thank you for your assisatance.

Sincerely,

Richard C. Ross

Vice-President

R & M Auto Corporation