

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90288 003 ***150.00

DOCUMENT # P99000025620

1. Entity Name

BROWARD EXPRESS AUTO TAG AGENCY, INC.

Principal Place of Business

**10653-55 WEST ARLANTIC BLVD.
 POMPANO BEACH FL 33071**

Mailing Address

**P.O. BOX 52-2206
 MIAMI FL 33152**

913499

2. Principal Place of Business

10653-55 W. Atlantic Blvd

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

4. FEI Number

65-0924476

Applied For

Not Applicable

Zip

Country

Zip

Country

33071 US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SERFATY, CHARLES S
 4330 SHERIDAN STREET
 SUITE 202B
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

**Ernesto G. Carralbal
 2225 Arch Creek Dr.
 N. miami Bch, FL 33181**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CARRALBAL, ERNESTO G**
 CITY-ST-ZIP **16700 N.W. 27 TH AVENUE
 MIAMI FL 33056**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 (10/00)