

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027364

1. Entity Name

ELITE AUTO CENTER, INC. OF PALM BEACH

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90063 031 \*\*\*150.00

Principal Place of Business Mailing Address  
1502 NORTH DIXIE HWY. 2511 NW 1st Ave 1502 NORTH DIXIE HWY. 414 NW 35th St  
LAKE WORTH FL 33460 Boca Raton FL 33432 LAKE WORTH FL 33460-1847 Boca Raton FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 65-0905960 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LAROSIERE, KAREN  
1502 NORTH DIXIE HWY. 414 NW 35th St  
LAKE WORTH FL 33460 Boca Raton FL 33431

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 \_\_\_\_\_ (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 ☐ Delete  
NAME LAROSIERE, KAREN  
STREET ADDRESS 1502 NORTH DIXIE HWY. 414 NW 35th St  
CITY-ST-ZIP LAKE WORTH FL 33460 Boca Raton FL 33431  
TITLE See ☐ Delete  
NAME Joyce Higgins  
STREET ADDRESS 414 NW 35th St  
CITY-ST-ZIP Boca Raton FL 33431  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ 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: Karen Larosiere  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.5.2000 (561) 392-1454  
Date Daytime Phone #

CR2E034 (9/99)