

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030050

1. Entity Name

MAHALO AUTO SALES, INC.

Principal Place of Business

14629 N. NEBRASKA AVE.
TAMPA FL 33613

Mailing Address

14629 N. NEBRASKA AVE.
TAMPA FL 33613-1430

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

VALDES, MARY JO
6714 SURFSIDE BLVD.
APOLLO BEACH FL 33572

4. FEI Number

59-3570495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

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

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	VALDES, MARY J	
STREET ADDRESS	6714 SURFSIDE BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDES, NELSON JR.	
STREET ADDRESS	6714 SURFSIDE BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TELESE, ROSEMARY	
STREET ADDRESS	6714 SURFSIDE BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOSCALZO, BESSIE	
STREET ADDRESS	6714 SURFSIDE BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOSCALZO, VINCENT	
STREET ADDRESS	6714 SURFSIDE BLVD.	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YGLESIAS, MICHELLE	
STREET ADDRESS	3205 TARALAWN CT.	
CITY-ST-ZIP	TAMPA FL 33618	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Jo Valdes	
STREET ADDRESS	← Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosemary Telese	
STREET ADDRESS	3421 W. Kirby St.	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bessie Lo Scalzo	
STREET ADDRESS	1507 Alder Way	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent Lo Scalzo	
STREET ADDRESS	1507 Alder Way	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michele Yglesias	
STREET ADDRESS	← Same	
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:

Mary Jo Valdes

1-13-2000

(813) 903-0844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)