

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000037118**

1. Entity Name

DREAM CARS OF NAPLES, INC.**FILED**
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90011 004 ***150.00

Principal Place of Business

156 PRICE ST.
NAPLES FL 34113

Mailing Address

156 PRICE ST.
NAPLES FL 34113-0435

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FET Number

59-3572201

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, ADELE
156 PRICE ST.
NAPLES FL 34113

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 if agent is changing.)

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: \$150.00**After MAY 1, 2000 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

\$5.00 May BeTrust Fund Contribution: ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Jorge R. Rodriguez	
STREET ADDRESS	156 Price St	
CITY-STATE-ZIP	Naples, FL 34113	
TITLE	Vice-President/Sec/Treas	☐ Delete
NAME	Adele Rodriguez	
STREET ADDRESS	156 Price St, Naples, FL 34113	
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 190, Florida Statutes, and that my name appears in Block 11 or Block 12 or changed, or on an attachment with an address, with all other information required.

SIGNATURE:

Sign Here:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Secretary