

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90216 016 \*\*\*150.00

**DOCUMENT # P99000037268**



1. Entity Name  
**ON THE SPOT AUTO BUYERS, INC.**

Principal Place of Business  
**1419 NORTH STATE ROAD 7  
HOLLYWOOD FL 33021**

Mailing Address  
**1419 NORTH STATE ROAD 7  
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0888530-  
01-0615753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAWH, CHAITRAM  
9410 JOHNSON STREET  
PEMBROKE PINES FL 33028**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SAWH, CHAITRAM**  
CITY-ST-ZIP **9410 JOHNSON STREET  
PEMBROKE PINES FL 33028**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **SAWH CHAITRAM**  
CITY-ST-ZIP **9410 JOHNSON STREET  
PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **V**  
STREET ADDRESS **JAMES JIMMY**  
CITY-ST-ZIP **9410 JOHNSON STREET  
PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SAWH CHAITRAM**

**2-11-03**

**954-817-0129**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CD05024 (10/02)

90026485



Attachment

MEMPHIS TN 37501-0038

#9900031268

In reply refer to: 0458522900  
Jan. 30, 2003 LTR 147C  
01-0615753 000000 00 000  
Input Op: 0458522900 00566

ON THE SPOT AUTO BUYERS INC  
9410 JOHNSON ST  
PMBK PINES FL 33024-6358105

Employer Identification Number: 01-0615753

Dear Taxpayer:

We received your request of Jan. 21, 2003 asking us to verify your employer identification number (EIN) and name.

Your employer identification number (EIN) is 01-0615753. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number (854) 817-0129 Hours 9 A.M. - 6 P.M.

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.