

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 015 ***150.00

DOCUMENT # P99000038930

1. Entity Name Continental Automotive Retail Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5353 N. Federal Hwy.

3. Mailing Address
5353 N. Federal Hwy.

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
Ft. Lauderdale, Fl

City & State
Ft. Lauderdale, Fl

4. FEI Number
65-0921022

Applied For
☐ Not Applicable

Zip 33308 **Country** USA

Zip 33308 **Country** USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Eric J. Dorer
Street Address (P.O. Box Number is Not Acceptable)
30 N.E. 3rd Street

City Fort Lauderdale **FL** **Zip Code** 33301

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 President	NAME Gary Fronrath
STREET ADDRESS 5353 N Federal Hwy suite 204	
CITY - ST - ZIP Ft. Lauderdale, Fl. 33308	
TITLE Vice President	NAME Robin Fronrath
STREET ADDRESS 5353 N. Federal Hwy suite 204	
CITY - ST - ZIP Ft. Lauderdale, Fl. 33308	
TITLE Secretary	NAME Barbara Williams
STREET ADDRESS 5353 N Federal Hwy suite 204	
CITY - ST - ZIP Ft. Lauderdale, Fl. 33308	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Williams **BARBARA WILLIAMS** **4-3-02** **954-489-3973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)