

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90079 045 \*\*\*150.00

**DOCUMENT # P99000047495**

1. Entity Name  
**TMT AUTO, INC.**

Principal Place of Business  
**10874 WILES RD.**  
**CORAL SPRINGS FL 33076**

Mailing Address  
**10874 WILES RD.**  
**CORAL SPRINGS FL 33076**



2. Principal Place of Business  
**10874 Wiles Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10874 Wiles Rd**  
 Suite, Apt. #, etc.

City & State  
**Coral Springs, FL**  
 Zip  
**33076**  
 Country  
**USA**

City & State  
**Coral Springs, FL**  
 Zip  
**33076**  
 Country  
**USA**

4. FEI Number  
**65-0919157**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**QUATELA, LOUIS**  
**10874 WILES RD.**  
**CORAL SPRINGS FL 33076**

## 7. Name and Address of New Registered Agent

Name  
**Louis Quatela**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6431 Amberjack Ter**  
 City  
**Morgate** **FL** Zip Code  
**33063**

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 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, 2002 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  
**P**  
 NAME  
**QUATELA, LOUIS**  
 STREET ADDRESS  
**6431 AMBERJACK TERRACE**  
 CITY-ST-ZIP  
**MORGATE FL 33063** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)