

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048840

1. Entity Name

AUTO COAT, INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90014 009 \*\*\*150.00

Principal Place of Business

1305 POINSETTIA DR..UNIT 3  
DELRAY BEACH FL 33444

Mailing Address

1305 POINSETTIA DR..UNIT 3  
DELRAY BEACH FL 33444-1251

2. Principal Place of Business

5030 CHAMPION BLVD.

3. Mailing Address

5030 CHAMPION BLVD

Suite, Apt. #, etc.

G-6 # 213

Suite, Apt. #, etc.

G-6 # 213

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496-2473

Country

USA

Zip

33496-2473

Country

USA

4. FEI Number

65-0925992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOHAR, CHAIM

~~9254 BROAD STREET~~  
~~BOCA RATON FL 33434~~

MOHAR CHAIM

5030 CHAMPION BLVD  
G-6 # 213  
BOCA RATON, FL. 33496-2473

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

Zip Code

7. Name and Address of New Registered Agent

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]*

MOHAR CHAIM

4-30-00

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 ☐ Delete  
NAME P. MOHAR CHAIM  
STREET ADDRESS 5030 CHAMPION BLVD G-6 #213  
CITY-ST-ZIP BOCA RATON, FL. 33496-2473

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*[Signature]* MOHAR CHAIM

4-30-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

*Pg 900004884 (Attn: Mr. S)*  
**HOFFMAN, LEVY & ASSOCIATES, CPA'S LC** *A0008476*

2525 N. STATE ROAD 7  
SUITE 215  
HOLLYWOOD, FL 33021  
TEL: 954-966-1141 / FAX 954-966-2474



6 EAST 45TH ST. SUITE 209  
NEW YORK, NY 10017

170 MASON STREET  
GREENWICH, CT 06830

July 5, 2000

Department of state  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Auto Coat Inc. - Corporation renewal

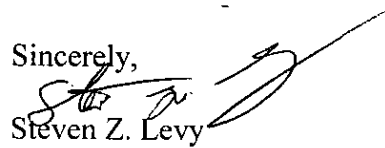
Dear Sir or Madam:

Enclosed please find the annual renewal form for the above corporation. I ask that the penalty for the failure to file an annual report be waived. The Corporation moved and never received the letter back from the Department of Revenue requesting the changes.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2000.

Thank you very much for your help and understanding.

Sincerely,

  
Steven Z. Levy



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 21, 2000

AUTO COAT, INC.  
1305 POINSETTIA DR., UNIT 3  
DELRAY BEACH, FL 33444

SUBJECT: AUTO COAT, INC.  
Ref. Number: P99000048840

Please be advised, we have received your annual Report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott  
Document Specialist

Letter Number: 400A00003045