

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049792

1. Entity Name

THE CAR WAREHOUSE, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90001 043 ***150.00

Principal Place of Business

2235 ARCH CREEK DR.
NORTH MIAMI FL 33181

Mailing Address

2235 ARCH CREEK DR.
NORTH MIAMI FL 33181-2201

2. Principal Place of Business

111 21st Ave. West
Suite, Apt. #, etc.

3. Mailing Address

111 21st Ave. West
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton, FL
Zip 34205-8333 Country

City & State

Bradenton, FL
Zip 34205-8333 Country

4. FEI Number

65-0931727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAVO, ROBERTO G
2235 ARCH CREEK DR.
NORTH MIAMI FL 33181

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 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	D	<input type="checkbox"/> Delete
NAME	BRAVO, ROBERTO G	
STREET ADDRESS	2235 ARCH CREEK DR.	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	P.D.	<input type="checkbox"/> Delete
NAME	SERGIO VALDIVIESO	
STREET ADDRESS	206 51 st AVE DR. West	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert G. Bravo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 573-4442

CR2E034 (9/99)