

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054125

1. Entity Name

BROTHERS SPORTS CARS, INC.

Principal Place of Business

6714 NO. UNIVERSITY DR.
TAMARAC FL 33321

Mailing Address

6714 NO. UNIVERSITY DR.
TAMARAC FL 33321-4013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0926705

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LUCANIA, SALVATORE
6714 NO. UNIVERSITY DR.
TAMARAC FL 33321

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

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
NAME	D LUCANIA, SALVATORE 11153 S.W. 37TH MANOR DAVIE FL 33328	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			
NAME	D LUCANIA, FRANCESCO 3511 SOUTHERN ORCHARD RD. DAVIE FL 33328	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP
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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: *Salvatore Lucania*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

954-722-1210

Daytime Phone #

820273



DO NOT WRITE IN THIS SPACE

CR2000/100