

DOCUMENT # P99000056357

1. Entity Name

CYMA AUTO CENTER, INC.

Principal Place of Business

4071 N.W. 135TH STREET
OPA LOCKA FL 33054

Mailing Address

4071 N.W. 135TH STREET
OPA LOCKA FL 33054-4656

2. Principal Place of Business

4071 NW 135 St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

City & State

Zip

33054

Country

DADE

Zip

Country

4. FEI Number

65-0929405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOOS, S C
15600 S.W. 288TH STREET
HOMESTEAD FL 33033

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 PD ☐ Delete
NAME PURAN, SEOCHAND
STREET ADDRESS 4071 N.W. 135TH STREET
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE VD ☐ Delete
NAME PURAN, CHETRAM
STREET ADDRESS 4071 N.W. 135TH STREET
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE SD ☐ Delete
NAME PURAN, SURSATTIE
STREET ADDRESS 4071 N.W. 135TH STREET
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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****150.00 ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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)(f), 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:

Chetan Puran SQUIDPRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

(305) 769-7003

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 FEB 23 AM 11:54



DO NOT WRITE IN THIS SPACE