

16FZ

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000063208**
Entity Name **Yellow Auto Service Inc**FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 18 AM 11:02

00065903

Principal Place of Business
**1397 NW 65 Ave
Plantation FL 33313**
Mailing Address
**1397 NW 65th Ave
Plantation FL 33313**Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.City & State
Zip
Country
City & State
Zip
Country4. FEI Number
65-0938316
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CARTON Mundle
8107 NW 21st St Sunrise
FL 33322**7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P CARTON Mundle ☐ Delete 8107 NW 21st St Sunrise FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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]** **6/5/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/99)

1397 NW 65th Ave
Plantation Fl 33313

Dear Sir/Madam

Mr. Carlton Mundle, business
owner at the present address
had receive the 2000 Uniform
business Report form in June 2000
from the Accountant whom he is
doing business with.

Please, Please excuse his
late form at this time.

The check for (150) One hundred
and fifty dollars was already
mailed in June.

Thank you for your cooperation

Yours Respectfully
Carlton Mundle