

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065102

1. Entity Name

NASR'S AUTO SALES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90243 036 ***150.00

Principal Place of Business

Mailing Address

38652 U.S. HWY. N.
TARPON SPRINGS FL 34689

38652 U.S. HWY. N.
TARPON SPRINGS FL 34689

2. Principal Place of Business

39660 US HWY 19 N

3. Mailing Address

39660 US HWY 19 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

4. FEI Number

59-3579579

Applied For

Not Applicable

Zip

Country

34689

U.S.A.

Zip

Country

34689

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASR, WASSIM

38652 U.S. HWY. N.

TARPON SPRINGS FL 34689

Name

NASR, WASSIM

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

39660 US HWY 19 NORTH

City

TARPON SPRINGS

FL

Zip Code

34689

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-00

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. PRESIDENT OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME NASR, WASSIM
STREET ADDRESS 39660 US HWY 19 NORTH
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WASSIM R NASR

Date

2-24-00

Daytime Phone #

938 727-3965-5000

CR2E034 (9/99)