

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073985

1. Entity Name

CAR & DRIVER AUTO BOUTIQUE, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90044 030 ***550.00

Principal Place of Business

4401 NW 92ND AVENUE
SUNRISE FL 33351

Mailing Address

4401 NW 92ND AVENUE
SUNRISE FL 33351

2. Principal Place of Business

1441 NW 1st Court

Suite, Apt. #, etc.

3. Mailing Address

1441 NW 1st Court

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

City & State

Boca Raton, FL

Zip

33432

Country

USA

4. FEI Number

65-0952286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHAL, SAMIRA

4401 NW 92ND AVENUE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

Joseph Rahal

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

4401 NW 92nd Avenue

City

Sunrise

FL

Zip Code

33351

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

Joseph Rahal Pres.

9-8-00

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)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME RAHAL, JOSEPH
STREET ADDRESS 4401 NW 92ND AVENUE
CITY-ST-ZIP SUNRISE FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TREASURER
Dana Dimiati
791 N. Pine Island Rd, #105
Plantation, FL 33324

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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)(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:

Joseph Rahal

9-8-00

561 239 5313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)