

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 16, 2000 8:00 am**
Secretary of State

04-18-2000 90180 028 ***150.00

DOCUMENT # P99000082333

1. Entity Name

CMS AUTOMOTIVE GROUP, INC.

Principal Place of Business

Mailing Address

**1640 WEST 31ST STREET
HIALEAH FL 33012****1640 WEST 31ST STREET
HIALEAH FL 33012-4506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0948578

Applied For

Not Applicable

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

**SLADE, ROGER A ESQ.
ONE BISCAYNE TOWER - SUITE 3660
TWO SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131**

Name

JAMES F. FUNGAROLI

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

14921 S.W. 164 TERR.

City

MIAMI**FL**

Zip Code

33187

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 tele if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 4/12/009. 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT/SECT	JAMES F. FUNGAROLI	14921 S.W. 164 TERR.	MIAMI, FL 33187-1468	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/12/00

Date

305 826-9090

Daytime Phone #