

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90200 015 ***150.00

DOCUMENT # P99000085255

1. Entity Name

TEXAS AUTOMOBILES, INC.

Principal Place of Business

Mailing Address

N.W. 29 STREET
 FL 33122

8000 N.W. 29 STREET
 MIAMI FL 33122-1077

2. Principal Place of Business

16300 N.E. 19th Ave.

3. Mailing Address

16300 N.E. 19th Ave.

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

6. Name and Address of Current Registered Agent

FUDALI, PETER W ESQ.
 HERMAN GRUBMAN & MOORE
 100 SOUTEAST SECOND ST., SUITE 2600
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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 P
 NAME GERKEN, ANDRE
 STREET ADDRESS 8000 N.W. 29 STREET
 CITY-ST-ZIP MIAMI FL 33122

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME Gerken, Andre
 STREET ADDRESS 16300 N.E. 19th Ave., Suite 240
 CITY-ST-ZIP North Miami Beach, FL 33162

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Andre Gerken

04-24-00

305-948-9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)