

2000 UNIFORM BUSINESS REPORT (UBR)

8.

DOCUMENT # P99000087486

1. Entity Name

SDM AUTO SALES, CORP.

FILED
Sep 21, 2000 8:00 am
Secretary of State

08-31-2000 90003 011 ***550.00

Principal Place of Business

2901 OLD WINTER GARDEN ROAD
ORLANDO FL 32805

Mailing Address

2901 OLD WINTER GARDEN ROAD
ORLANDO FL 32805

2. Principal Place of Business

3512 OLD WINTER GARDEN RD

3. Mailing Address

P.O. Box 580265

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3600077

Applied For

Not Applicable

Zip

32805

Country

USA

Zip

32858

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILUS, ESTILIEU
2901 OLD WINTER GARDEN ROAD
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name FILUS, ESTILIEU

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

3512 OLD WINTER GARDEN RD

City Orlando

FL

Zip Code 32805

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 \$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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	☐ Delete
NAME	Estilieu Filus	
STREET ADDRESS	3512 OLD WINTER GARDEN RD	
CITY-ST-ZIP	Orlando, FL- 32805	
TITLE	Secretary	☐ Delete
NAME	Marisa Filus	
STREET ADDRESS	3512 OLD WINTER GARDEN RD	
CITY-ST-ZIP	Orlando, FL- 32805	
TITLE	Treasurer	☐ Delete
NAME	Estilieu Filus	
STREET ADDRESS	3512 OLD WINTER GARDEN RD	
CITY-ST-ZIP	Orlando, FL- 32805	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: Estilieu Filus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

(407) 522-2828

Daytime Phone #

CR2E034 (500)