

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 019 ***150.00

DOCUMENT # P99060088899

1. Entity Name

Jon's Wholesale Auto Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10885 EUREKA ST.

Suite, Apt. #, etc.

3. Mailing Address

10885 EUREKA ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0954730

Applied For

Not Applicable

Zip

33408

Country

Broward

Zip

33408

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

PLOTNICK, JONATHAN S.

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

10885 EUREKA ST.

City

BOCA RATON

FL

Zip Code

33408

**DO NOT WRITE
IN THIS SPACE**

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)

☒

10. Election Campaign Financing

Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PD
PLOTNICK, JONATHAN S
10885 EUREKA ST.
BOCA RATON, FL 33408*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VP
PLOTNICK, NATINO
10885 EUREKA ST.
BOCA RATON, FL 33408*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*S
PLOTNICK, GLORIA
10885 EUREKA ST.
BOCA RATON, FL 33408*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jon S. Plotnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (954) 784-9901
Date Daytime Phone

CR2E034B (12/01)