

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90003 041 ***150.00

DOCUMENT # P99000090472

1. Entity Name

P.P.I. FLEET SERVICES, INC.

Principal Place of Business

Mailing Address

**7100 WEST COMMERCIAL BLVD. SUITE 106
 FORT LAUDERDALE FL 33319**

**7100 WEST COMMERCIAL BLVD. SUITE 106
 FORT LAUDERDALE FL 33319-2147**

2. Principal Place of Business

WINGATE COMMONS

3. Mailing Address

WINGATE COMMONS

Suite, Apt. #, etc.

4517 NW 31ST AVE

Suite, Apt. #, etc.

4517 NW 31ST AVE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

US

Zip

33309

Country

US

6. Name and Address of Current Registered Agent

PANOFF, IRENE

**7100 WEST COMMERCIAL BLVD. SUITE 106
 FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name **PANOFF, IRENE**

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

20776 SALIDA TERRACE

City **BOCA RATON**

FL

Zip **33433**

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 **PD** ☐ Delete
 NAME **PANOFF, WILLIAM A**
 STREET ADDRESS **20776 SALIDA TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **TVD** ☐ Delete
 NAME **PANOFF, IRENE**
 STREET ADDRESS **20776 SALIDA TERRACE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/14/00 954 746 535

CR2E034 (9/99)