

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091046

1. Entity Name

DEALERSHIP CONSULTANCY CORPORATION

Principal Place of Business

1001 BRICKELL BAY DR., 9TH FLOOR
MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DR., 9TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1/30/01 90194 035-3500
07/28/00 90004 012-5500

4. FEI Number
65-0981522

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARGIZ, ANTONIO L
1001 BRICKELL BAY DR., 9TH FLOOR
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

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

Antonio L. Argiz

ANTONIO L. ARGIZ, Reg Agent

5/30/2001
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 D ☐ Delete
NAME ARGIZ, ANTONIO L
STREET ADDRESS 1001 BRICKELL BAY DR., 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ Delete
NAME BAKHAI, KASHYAP D
STREET ADDRESS 1001 BRICKELL BAY DR., 9TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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)(a), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio L. Argiz

4/11/2001

305-373-5500

FILED

01 JUN -5 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000-01

786
01
7-14-00

[Signature]