

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097850

1. Entity Name

THE CAR PLACE UNLIMITED, INC.

FILED

May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90159 022 \*\*\*150.00

Principal Place of Business

4845 CHERRY LAUREL LANE  
DELRAY BEACH FL 33445-7045

Mailing Address

4845 CHERRY LAUREL LANE  
DELRAY BEACH FL 33445-7045

2. Principal Place of Business

125 N. Congress Ave

3. Mailing Address

4845 Cherry Laurel Ln

Suite, Apt. #, etc.

Suite #17

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33445

Country

USA

Zip

33445-7045

Country

USA

4. FEI Number

65-0960369

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Alberto G. Robert

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

4845 Cherry Laurel Lane

City Delray Beach, FL

Zip Code 33445

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]*

Alberto G. Robert

4-30-00

Signature, typed and 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 PTD  
NAME ROBERT, ALBERTO G  
STREET ADDRESS 4845 CHERRY LAUREL LANE  
CITY-ST-ZIP DELRAY BEACH FL 33445-7045 ☐ Delete

TITLE SVD  
NAME ROBERT, CHERYL S  
STREET ADDRESS 4845 CHERRY LAUREL LANE  
CITY-ST-ZIP DELRAY BEACH FL 33445-7045 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*[Signature]*

Alberto G. Robert

4-30-00

(561) 279-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #