

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # P99000101801

1. Entity Name

A & L AUTO SALES & RENTALS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

03-30-2000 90061 049 ***150.00

Principal Place of Business

Mailing Address

8271 SOUTH CORAL CIRCLE
NORTH LAUDERDALE FL 33068

8271 SOUTH CORAL CIRCLE
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

6209 Hollywood Blvd.

Suite, Apt. #, etc.

3. Mailing Address

6209 Hollywood Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood Florida

Zip
33024

Country
USA

City & State

Hollywood Florida

Zip
33024

Country
USA

4. FEI Number

65-0962683

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD STYPE, ARLENE 8271 SOUTH CORAL CIRCLE NORTH LAUDERDALE FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/27/00

Date

Daytime Phone

(954) 989-3733

CR2E034 (9/99)