

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S05675****1. Entity Name**
PALM AUTO PLAZA, INC.**Principal Place of Business****735 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415
US****Mailing Address****551 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415
US****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0224472**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****OSTRAND, MELISSA V
551 S. MILITARY TRAIL
WEST PALM BEACH FL 33415**

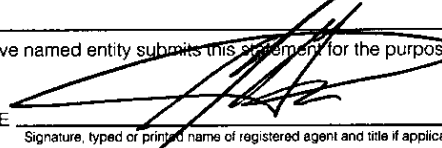
Name

CT Corporation System

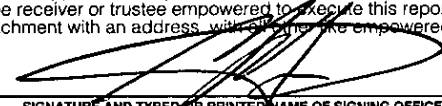
Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road**Plantation, FL**

City

FLZip Code
33324**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**  **Glenn Grosso, President** **2/23/01**
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be
Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	DAVIDSON, JAMES R	915 COMMUNIPAW AVE JERSEY CITY NJ 07304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		One Harmon Plaza, 9th floor Secaucus, NJ 07096	
<input type="checkbox"/> Delete	D	KURNICK, ROBERT H	13400 OUTER DRIVE WEST DETROIT MI 48239-4001	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	P	HESSERT, THOMAS J JR	585 ROUTE 440 JERSEY CITY NJ 07304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President	Glenn Grosso	551 South Military Trail West Palm Beach, FL 33415
<input type="checkbox"/> Delete	VPT	DAVIDSON, JAMES R	915 COMMUNIPAW AVE JERSEY CITY NJ 07304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer	One Harmon Plaza, 9th floor Secaucus, NJ 07096	
<input type="checkbox"/> Delete	VPAS	KURNICK, ROBERT H	13400 OUTER DRIVE WEST DETROIT MI 48239-4001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Secretary		
<input type="checkbox"/> Delete	SVP	DIFEO, SAM X JR	375 PARK AVE, 11TH FLOOR NEW YORK NY 10152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		One Harmon Plaza, 9th floor Secaucus, NJ. 07096	

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 signature and empowered.**SIGNATURE:**  **Glenn Grosso, President** **2/23/01** **561-242-4442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90016 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)