

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26899

1. Entity Name

ULLIAN MOTOR SALES, INC.

Principal Place of Business

5257 FOUNTAINS DRIVE S. #301
LAKE WORTH FL 33467

Mailing Address

5257 FOUNTAINS DRIVE S. #301
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-1919340

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

LAZARUS, RALPH
5257 FOUNTAINS DRIVE SOUTH
UNIT 301
LAKE WORTH FL 33467

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LAZARUS, RALPH	
STREET ADDRESS	5257 FOUNTAINS DR S 301	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAZARUS, BARBARA U.	
STREET ADDRESS	5257 FOUNTAINS DR S 301	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	
NAME	LAZARUS, NORMAN F.	
STREET ADDRESS	90 HIGH ROCK TERRACE	
CITY-ST-ZIP	NEWTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZARUS, SAMUEL	
STREET ADDRESS	249 JORDAN RD. 1119 Walnut Street	
CITY-ST-ZIP	PLYMOUTH MA Newton MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZARUS, ROBERT U.	
STREET ADDRESS	59 CLAPP ST.	
CITY-ST-ZIP	STOUGHTON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Ralph Lazarus*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

561-967-8459

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90094 036 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)