

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68928

1. Entity Name

USA AUTO MALL OF FLORIDA, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90010 047 ***150.00

Principal Place of Business	Mailing Address
270 SOUTH SERVICE ROAD POST OFFICE BOX 699 MELVILLE NY 11747-0699	270 SOUTH SERVICE ROAD POST OFFICE BOX 699 MELVILLE NY 11747-0699

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0289993		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, RALPH	NAME	
STREET ADDRESS	72 FACTORY POND RD.	STREET ADDRESS	
CITY-ST-ZIP	LOCUST VALLEY NY	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMSCUCCU, RALPH P	NAME	PASCUCCI, RALPH P.
STREET ADDRESS	MCN44-20-01-10 P.O. BOX 699	STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP	MELVILLE NY 11747-0699	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, JOHN E	NAME	
STREET ADDRESS	MC N44-270-01-10 P.O. BOX 699	STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP	MELVILLE NY 11747-0699	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GARY S	NAME	
STREET ADDRESS	MCN44-207-01-10 P.O. BOX 699	STREET ADDRESS	401 N. Tryon ST., NC1-021-03-09
CITY-ST-ZIP	MELVILLE NY 11747-0699	CITY-ST-ZIP	Charlotte, NC 28255
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, MARY ANN	NAME	
STREET ADDRESS	MCN44-270-01-10 P.O. BOX 699	STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP	MELVILLE NY 11747-0699	CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITRICK, ELLEN	NAME	
STREET ADDRESS	MCN44-270-01-10 P.O. BOX 699	STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP	MELVILLE NY 11747-0699	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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Witrick

Date

1/21/00

Daytime Phone #

(516) 390-3706

CR2E034 (9/99)