

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 21 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A70422

1. Entity Name

MOTOR CAR CONNECTION, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1021 SOUTH ROGERS CIRCLE		1021 SOUTH ROGERS CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 5		SUITE 5	
City & State		City & State	
BOCA RATON, FLORIDA		BOCA RATON, FLORIDA	
Zip	Country	Zip	Country
33487	PALM BEACH	33487	PALM BEACH
4. FEI Number		Applied For	
65-0280916		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HARLAN SCHLEIFER
Street Address (P.O. Box Number is Not Acceptable)
1021 SOUTH ROGERS CIRCLE SUITE 5
City
BOCA RATON
FL
Zip Code
33487

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) ☐January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	HARLAN SCHLEIFER	NAME	
STREET ADDRESS	1021 SOUTH ROGERS CIRCLE SUITE 5	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33487	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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 of 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #