

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90041 035 ***150.00

DOCUMENT # **S97906**

1. Entity Name
JERUSALEM AUTO SALES, INC.

Principal Place of Business 14350 WEST DIXIE HIGHWAY MIAMI FL 33161 US	Mailing Address 14350 WEST DIXIE HIGHWAY MIAMI FL 33161-3027 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14350 W. Dixie Highway Suite, Apt. #, etc.	3. Mailing Address 14350 WEST DIXIE HWY Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL	4. FEI Number 65-0288406	Applied For <input type="checkbox"/> Not Applicable
Zip 33161	Country Miami Dade	Zip 33161	Country Miami Dade

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PIERRELUS, FRANCIS
14448 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

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 **Francis Pierrelus** *[Signature]* DATE **1-03-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT PIERRELUS, FRANCIS 14350 W D HWY NORTH MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERRELUS, FRANCIS 14350 W D HWY NORTH MIAMI FL <input type="checkbox"/> Delete	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 **Francis Pierrelus** *[Signature]* DATE **1/03/99** DAYTIME PHONE # **305 940-9660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)