## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2001 08:00 AM DOCUMENT # V30917 1. Entity Name **Secretary of State** 183RD STREET AUTO TAG AGENCY, INC. Principal Place of Business Mailing Address 804 N.W. 183RD STREET 804 N.W. 183RD STREET MIAMI FLMIAMI FL 33169 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0333427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWMAN FRANK PA 66 WEST FLAGLER ST Street Address (P.O. Box Number is Not Acceptable) **SUITE 700** MIAMI FL33130 US 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 04/10/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPD TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change KENNETH SPIWAK KENNETH SPIWAK MAME NAME 804 NW 183 ST STREET ADDRESS STREET ADDRESS 804 NW 183 ST CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP MIAMI **PSD** ☐ Delete TITLE X Change NAME RILLO, EDWIN J. NAME RILLO, EDWIN J. STREET ADDRESS 804 NW 183RD ST STREET ADDRESS 804 NW 183RD ST CITY-ST-ZIP MIAMI FL. CITY-ST-ZIP MIAMI FL33169 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/10/2001

Daytime Phone #

Date

Edwin J. Rillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_