

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90001 016 ***150.00

0126142

DOCUMENT # V68269

1. Entity Name

CERTIFIED MUFFLER & BRAKES, INC.

Principal Place of Business

**4960 NW 16TH ST.
MARGATE FL 33063**

Mailing Address

**1637 BANKS RD
MARGATE FL 33063
US**

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

65-0349551

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

**BURNHAM, DAVID
4960 NW 16TH ST
MARGATE FL 33063**

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.

(NOT 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	BURNHAM, DAVID W.	
STREET ADDRESS	4960 NW 16TH ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNHAM, DAVID W.	
STREET ADDRESS	4960 NW 16TH ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01 954969-0228
Date Daytime Phone #

CR2E034 (10/00)

Attachment
D# V682669
BOU58786
May 31, 2001

To whom it may concern;

I called into your office and was advised to send a letter of explanation of why my payment for my business license is late. I did not receive the forms until 5/25/01 due to the fact the post office put it in the wrong mailbox. The gentleman that owns the office next to mine only comes in once every couple of months to check his mail, so I did not know it was there until the other day when he brought it over. This is not something that has happened before so it is not something that I check for regularly, but I do not think I should be punished with a \$400.00 late fee for a post office mistake.

Enclosed is my payment for the 2001 fees of \$150.00 and again I apologize for the delay in my payment but as you can see from my eight-year history this is the first year that I have ever been late.